

REGISTRATION FORM

▶ FOR MORE DETAILS

accc-cancer.org/cancerscape

MARCH 29-31, 2017

RENAISSANCE WASHINGTON, DC DOWNTOWN HOTEL Washington, D.C.

CONTACT INFORMATION		First-time Meeting Attendee? Yes No
Full Name and Credentials	Badge Name/Nickname (If Different)	Title/Position
Organization	Department	
Address		
City	State	ZIP
Telephone	Fax	E-mail
☐ I will attend Capitol Hill Day o	n Wednesday, March 29.	
REGISTRATION FEES		SPECIAL SERVICES
ACCC Member (all categories) 2nd Registrant (provider only)*	\$590 OPTIONAL EVENT \$300 Cherry Blossom Private Tour	☐ Vegetarian
Non-Member	\$775 Thursday, March 30	☐ Gluten Free
Industry Council Member Industry/Company Non-Member	\$775 \$35 per person \$2200 *Available to first 40 people	ADA:
OCM Collaborative Workshop (Participating OCM Providers Only) Friday, March 31, 9:45 AM –1:00 PM	\$150	Other:
*2nd Registrant		► EMERGENCY CONTACT
A second person from an institution or practice management registration received. The second registration	, , ,	
member registration received. The second registrant may not be from industry. This discount may not be combined with any other offer, promotion, or prize award.		Name/Relationship
PLEASE INDICATE NAME OF PRIMARY REG	ISTRANT:	
		Day Telephone
Method of Payment	Total Amount Due \$	Evening Telephone
Check #	payable to Association of Community Cancer Centers.	
Please write registrant(s) name on check.		
☐ Visa ☐ American Express ☐ Mast	erCard	► 5 EASY WAYS TO REGISTER
Card Number C	SV Code Exp: Mo/Yr	ONLINE accc-cancer.org/cancerscape
Cardholdor.		EMAIL membership@accc-cancer.org
Cardholder:		PHONE 301.984.9496, ext. 200 or 216
Cardholder's Signature		FAY 301 770 1949



PARTICIPANT LIST OPT-OUT

Please check here if you DO NOT wish your name, title, company name, and address to appear on the official participant list.

MAIL

ACCC CANCERSCAPE

Rockville, MD 20850

1801 Research Blvd., Suite 400