



REGISTRATION FORM

ACCC 44TH ANNUAL MEETING & CANCER CENTER BUSINESS SUMMIT

March 14–16, 2018

Renaissance Washington, DC Downtown Hotel

▶ CONTACT INFORMATION

First-time Attendee? Yes

Full Name and Credentials	Badge Name (If Different)	Title
Organization	Address	
City	State	ZIP
Telephone	Fax	E-mail

I will attend Capitol Hill Day on Wednesday, March 14. (ACCC Provider Members Only)

▶ REGISTRATION FEES

- ACCC Member (Individual and Cancer Program Members) \$650
- 2nd Registrant (All Multidisciplinary Care Team Members)* \$350
- Non-Member (All Multidisciplinary Care Team Members and Association/Non-Profit/Patient Advocacy Group Staff) \$850
- ACCC Industry Council Member \$850
- Industry/Company/Consultants/Vendors (Non-Member) \$1025
- Radiation Oncology Pre-Conference ONLY (Wednesday, March 14) \$100
- Radiation Oncology Pre-Conference and Annual Meeting Complimentary

*2nd Registrant

ACCC Members—bring a colleague! A second person (you may only have one), member or non-member, from an institution or practice may register at a discounted rate for every full-price 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 OF PRIMARY REGISTRANT:

Method of Payment Total Amount Due \$ _____

Check # _____ payable to Association of Community Cancer Centers.

Please write registrant(s) name on check.

Visa American Express MasterCard

Card Number CSV Code Exp: Mo/Yr

Cardholder:

Cardholder's Signature:

PARTICIPANT LIST OPT-OUT
Do not include my contact info in the official participant list.

▶ SPECIAL SERVICES

- Special Dietary Requests: _____
- ADA: _____
- Other: _____

▶ EMERGENCY CONTACT

Name/Relationship

Telephone

▶ Fax or Mail Registration Form to:

FAX 301.770.1949
MAIL ACCC AM & CCBS
1801 Research Blvd. Suite 400
Rockville, MD 20850

▶ QUESTIONS?

registration@accc-cancer.org

▶ FOR MORE DETAILS

accc-cancer.org/AMCCBS

