



REGISTRATION FORM

ACCC 45TH ANNUAL MEETING & CANCER CENTER BUSINESS SUMMIT

March 20–22, 2019

Renaissance Washington, DC Downtown Hotel

CONTACT INFORMATION

First-time Attendee?

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 20. (ACCC Provider Members Only)
- I will attend the DC Dine-Around Event on Thursday, March 21. (No Fee)

REGISTRATION FEES

- ACCC Cancer Program Member \$650
- ACCC Individual Member/Oncology State Society Network \$725
- 2nd Registrant (Exclusive to ACCC Cancer Program Members) \$350
- Non-Member Multidisciplinary Care Team Members, Association/Non-Profit/Patient Advocacy Group Staff \$850
- ACCC Industry Council Member \$850
- Industry/Company/Consultants/Vendors (Non-Member) \$1,025

PRE-CONFERENCES/OCMC WORKSHOP

	ACCC Member	Non-Member
<input type="checkbox"/> Radiation Oncology Pre-Conference ONLY (March 20)	\$70	\$150
<input type="checkbox"/> Radiation Oncology Pre-Conference and Annual Meeting	No Fee	No Fee
<input type="checkbox"/> Surgical Oncology Pre-Conference ONLY (March 20)	\$70	\$150
<input type="checkbox"/> Surgical Oncology Pre-Conference and Annual Meeting	No Fee	No Fee
<input type="checkbox"/> OCMC Collaborative Workshop ONLY (March 22)		
* Exclusive to OCM-participating professionals	\$150	\$150
<input type="checkbox"/> OCMC Workshop and Annual Meeting	No Fee	No Fee

*2nd Registrant

An ACCC Cancer Program Member who registers for the meeting at the full rate (\$525 or higher) may register ONE additional person, member or non-member, from an institution or practice at a discounted rate. Please visit accc-cancer.org/registration for details and restrictions.

NAME OF PRIMARY REGISTRANT:

Visa American Express MasterCard **Total Amount Due \$** _____

Card Number _____ CSV Code _____ Exp: Mo/Yr _____

Cardholder: _____

Cardholder's Signature: _____

Check # _____ payable to Association of Community Cancer Centers.

Please write registrant(s) name on check.

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

SELECT YOUR DEEP DIVE WORKSHOP (FRIDAY, MARCH 22)

- Leveraging Technology to Improve Patient Education and Track Engagement
 - Clinician Resiliency and Workforce Issues
 - Strategic Partnering Options for Oncology Providers
 - Real World Immuno-Oncology: A Multidisciplinary Look at Survivorship, irAEs, and Step Therapy
- * You must register for the Annual Meeting in order to attend a Deep Dive Workshop.

SPECIAL SERVICES

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

EMERGENCY CONTACT

Name/Relationship _____

Telephone _____

Fax or Mail Registration Form to:

301.770.1949 | ACCC Annual Meeting Registration
1801 Research Blvd., Suite 400
Rockville, MD 20850

CANCELLATION/REFUND POLICY

Written cancellation of registration received in the ACCC office by Wednesday, February 20, 2019, will result in a refund, less a \$100 processing fee. After February 20, 2019, registration fees will not be refunded.

QUESTIONS?

Email registration@accc-cancer.org or call 301.984.9496 for assistance.

