



## ONCOLOGY STATE SOCIETIES AT ACCC

### Industry Attendee Registration Form Registration Fee \$1250 per attendee

Conference Information		Conference Contact	
State Society Name:		<b>April Gascon</b> Senior Associate, Corporate Development <a href="mailto:agascon@acc-cancer.org">agascon@acc-cancer.org</a> Phone: 301.984.9496, ext. 225	
Conference Title:			
Location:			
City, State:			
Date:			
Note: Registration is for conference attendance only. Does not include exhibit display table.			

Company Information					
Company Name					
Contact Name		Title			
Address					
City		State		Zip	
Contact Email				Contact Phone	

Attendees			
Attendee Name		Email	
Attendee Name		Email	
Attendee Name		Email	

Method of Payment			
<input type="checkbox"/> Check <b>Make check payable to:</b> <b>[Enter Name of State Society]</b> c/o April Gascon 1801 Research Blvd., Suite 400 Rockville, MD 20850  <b style="color: red;">PAYMENTS ARE DUE 2 WEEKS PRIOR TO CONFERENCE DATE</b>	<input type="checkbox"/> Credit Card <input type="checkbox"/> Total Amount to be Charged: _____ <b style="color: red;">Receipt will be sent to the contact email address</b>		
Card Type			
Credit Card Number			
Expiration Date		Security Code	
Cardholder Name			

Agreement	
I agree that I am registering as a conference attendee only. My registration includes admission to the meeting session(s) and to the Resource Center. This registration does not include an exhibit table display. This completed, signed form is considered binding on both the company and the state societies.	
Authorized Signature	Date

***Thank you for your support!***