

2011 Iowa Cancer Summit Registration Form

Please print your personal information

First Name: _____ Last Name: _____

Profession: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

If you have any special need(s), please describe here:

I will attend:

October 3rd - Day 1

8:30 – 12:30 Patient Education Collaboration Forum

12:00 – 5:00 Iowa Cancer Consortium Meeting

5:00 – 6:00 Reception

October 4th - Day 2

8:00 – 3:30 Iowa Cancer Summit

Continuing Education Credits

Nursing

Social Work

CHES

Registration Fee- must accompany registration:

| Quantity | Cost | Item |
|-----------|-------|--|
| | \$20 | Individual ICC Annual Membership |
| | \$250 | Organizational Membership (may name up to 5 representatives) |
| | | Subtotal Membership (membership effective through December 31, 2011) |
| | \$35 | ICC Member Registration, includes CEUs |
| | \$65 | Non-ICC Member Registration Fee, includes CEUs |
| | \$ 0 | Students: A limited number of registration waivers are available. |
| | | Subtotal Iowa Cancer Summit Registration |
| \$ | | Total Payment |

Payment Method

Check: payable to Iowa Cancer Consortium

Credit Card VISA MasterCard

Name on card: _____ Signature: _____

Account Number: _____ Expiration Date: (MM/YY) _____

3-Digit security code: _____

Billing Address: Same as above

Address: _____

City: _____ State: _____ Zip: _____

Scholarships: Please contact Sara Comstock at (319) 335-8144 to request a scholarship for registration or membership.

E-mail, Mail or Fax this form and payment to:

Iowa Cancer Consortium, 100 MTP4, Room 122, Iowa City, IA 52242-5000

Fax: (319) 335-4072

Phone: (319) 384-1741

Rollins@CancerIowa.org