CORPORATE REPRESENTATIVES REGISTRATION FORM
2008 Fall Meeting

Please return to Dorothy Green Phillips, FLASCO Executive Director

Due by October 1, 2008

Name _____

Address _____
Street City Zip Code

Daytime phone: _____ **Fax:** _____ **E-mail:**_____

Name Badge Information

NAME DESIRED ON BADGE	
NAME OF PHARMACEUTICAL COMPANY	

Hotel Reservations

Arrival date: _____ **Departure date:** _____

Room Accommodations: ❑ **Single** ❑ **Double**

Special Room Requirements: (please specify)_____

☆☆☆DEADLINE FOR RESERVATIONS IS OCTOBER 1, 2008☆☆☆

Meal and Hotel Reservations

Function	Costs	Total number of meals	Total Cost
Friday Evening Reception	Cash Bar		
Friday Evening Dinner – **Platinum, Gold, Silver & Bronze Members/Supporters Only**	Platinum – 6 Comp Gold – 4 Comp Silver – 2 Comp Bronze – 1 comp		
Saturday Breakfast	Comp		
Saturday Lunch	Comp		
Hotel Room **(includes taxes)**	$184.00 per night		

Total Amount Enclosed: $ _____

Dietary Restrictions: ❑ Vegetarian ❑ No Red Meat ❑ Other _____
(Please specify)

If Vegetarian, Please Indicate Items included in your diet:
❑ Seafood ❑ Chicken ❑ Pasta

If charging your hotel room to your credit card:
❑ MasterCard ❑ Visa ❑ American Express Expiration Date: _____

Cardholder's Name	Account Number	Pin number (on signature line)

☆☆ Please make all checks payable to: Florida Society of Clinical Oncology☆☆

Florida Society of Clinical Oncology
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