



**EXHIBIT FORM**  
**IRS I.D. #0059-2305471**  
**DUE DATE: SEPTEMBER 15, 2008**  
**Visit FLASCO website for complete meeting info: [www.flasco.org](http://www.flasco.org)**

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel# \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_ Yes, we will participate in the November 7 & 8, 2008, program of the Florida Society of Clinical Oncology being held at the Tampa Airport Marriott Hotel.

\_\_\_\_ No, we will not participate in the November 7 & 8, 2008, program of the Florida Society of Clinical Oncology being held at the Tampa Airport Marriott Hotel.

**PLEASE RESERVE EXHIBIT SPACE FOR US?**      \_\_\_\_ YES      \_\_\_\_ NO

**FEE TO EXHIBIT:**

Platinum Sponsors	Comp
Gold Sponsors	Comp
Silver Sponsors	\$500.00
Bronze Sponsors	\$750.00
Other Sponsors	\$1,500.00

**AMOUNT OF EXHIBIT FEE ENCLOSED:**      \$ \_\_\_\_\_

If charging to your credit card:

MasterCard       Visa       American Express      Expiration Date: \_\_\_\_\_

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

**NOTE: All Corporate Reps attending the meeting must complete a "Corporate Representatives Registration Form."**

**Please return by September 15, 2008 to: Dorothy Green-Phillips, Executive Director**  
**3709 W. Jetton Ave.**  
**Tampa, Florida 33629**  
**Fax: 813.254.5857**