2007 FLASCO FALL SESSION
REGISTRATION FORM
DUE DATE: February 1, 2008

Please Return To: **Dorothy Green Phillips, Executive Director**
3709 W. Jetton Ave, Tampa, Fl 33629 or Fax 813-254-5857

NAME: _____

ADDRESS: _____
Street **City** **Zip Code**

DAYTIME PHONE: _____ **FAX:** _____ **E-MAIL:** _____

NAME BADGE INFORMATION:

NAME DESIRED ON BADGE: _____

NAME DESIRED ON GUEST BADGE: _____

MEETING RESERVATIONS:

Meeting:	**Will Attend**	**Will Not Attend**
Executive Com. Mtg. (10 am – 4 pm)	_____	_____
Friday Board Meeting (4:30 – 5:30 PM)	_____	_____
Friday Night Dinner & Program	_____	_____
Saturday Breakfast	_____	_____
Saturday General Session	_____	_____
Saturday Luncheon	_____	_____

HOTEL RESERVATIONS: **ARRIVAL DATE:** _____ **DEPARTURE DATE:** _____

Room Accommodations: ☐ **SINGLE** ☐ **DOUBLE**
Special Room Requirements: _____

****DEADLINE FOR RESERVATIONS IS February 1, 2008**

RESERVATIONS AND COSTS:

FUNCTION	**TOTAL # MEALS**	**FLASCO MEMBER**	**GUEST COST**	**NON – FLASCO MEMBER COST**	**TOTAL**
REGISTRATION FEE		-0-	-0-	$200.00	_____
FRIDAY EVENING RECEPTION	_____	-0-	-0-	-0-	_____
FRIDAY EVENING DINNER	_____	-0-	$75.00	-0-	_____
SATURDAY BREAKFAST	_____	-0-	$35.00	-0-	_____
SATURDAY LUNCH	_____	-0-	$40.00	-0-	_____
HOTEL ROOM	_____	**$210 Per Night**		**$210 Per Night**	_____

TOTAL AMOUNT ENCLOSED (Registration Fee, Hotel Room &, Meals)---------- $_____

DIETARY RESTRICTIONS: ☐ **VEGETARIAN** ☐ **NO RED MEAT** ☐ **OTHER** _____
PLEASE SPECIFY

IF CHARGING HOTEL ROOM, MEALS & REGISTRATION TO YOUR CREDIT CARD:

☐ **MASTERCARD** ☐ **VISA** ☐ **AMERICAN EXPRESS** **EXPIRATION DATE:** _____

_____ _____ _____
CARDHOLDER'S NAME **ACCOUNT NUMBER** **PIN NUMBER BACK OF CARD**

****PLEASE MAKE ALL CHECKS PAYABLE TO: FLORIDA SOCIETY OF CLINICAL ONCOLOGY****