Principles of Oncology for Cancer Registry Professionals

REGISTRATION FORM

I will be attending the Principles of Oncology Training Program on (dates)	
I am not staying at the Bolger Center. My regis	stration fee (\$695.00) is enclosed.
I am staying at the Bolger Center. My registrat	ion fee (\$495.00) is enclosed.
Arrival day/date Departure	e day/date
I have been a registrar for months	
Name	
Facility	
Address	
City/State/ZIP	
Credit card American Express MasterCa	ard Visa
Credit card number	Expiration date
Daytime phone Area code	ext
Fax number Area code	
E-mail address	
Home phone number* Area code	

- **1. SEND** form and check payable to NAACCR or credit card information (American Express, MasterCard or Visa) to: Jan Conway, NAACCR Executive Office, 2121 W. White Oaks Drive Suite C, Springfield, IL 62704 (phone 217-698-0800, ext. 0; fax 217-698-0188).
- **2. ALSO FAX** a copy of your registration form to April Fritz, Training Program Coordinator, at 301-496-9949.

Please make hotel reservations directly with the Bolger Center at (888) 227-3664 or online at www.bolgercenter.com. Refer to block code 0407PRI for the July program or 0412PRI for the December program.

Note: A participant is considered registered for the training program when full payment of fees is received. Classes fill up early; so the sooner you register and pay your fees, the more likely you are to be assured of a place in the class.

^{*} in case of a weather-related or other emergency