

**REGISTER NOW**



**34TH** **ACCC**  
Association of Community Cancer Centers  
NATIONAL ONCOLOGY CONFERENCE

# HOW-TO STRATEGIES for the CANCER CARE TEAM

First-time Attendee?

## CONTACT INFORMATION

Full Name and Credentials	Badge Name/Nickname (If Different)	Title/Position
Organization	Address	
City	State	Zip
Telephone	Fax	E-mail

## REGISTRATION FEES

	Regular Rate (Aug. 22-onsite)
<input type="checkbox"/> ACCC Member (Individual and Cancer Program Members)	\$650
<input type="checkbox"/> 2nd Registrant (All Multidisciplinary Care Team Members)*	\$350
<input type="checkbox"/> Non-Member (All Multidisciplinary Care Team Members)*	\$925
<input type="checkbox"/> ACCC Industry Council Member	\$850
<input type="checkbox"/> Industry/Company/Consultants/Vendors (Non-Member)	\$1,025
<input type="checkbox"/> OCM Collaborative Workshop Reception (Tuesday) This event is exclusively for participants and sponsors of the ACCC OCM Collaborative.	Complimentary
<input type="checkbox"/> Vanderbilt-Ingram Cancer Center Tour (Thursday)	\$25 (Available to first 50 registrants)
<input type="checkbox"/> Country Music Hall of Fame After-Hours Access (Friday)	\$35 (Available to first 50 registrants)

### 2nd Registrant\*

A second person (you may only have one) from an institution or practice may register at a discounted rate for every full-price member registration received. The second registrant may not be from industry. This discount may not be combined with any other offer, promotion, or prize award.

### NAME OF PRIMARY REGISTRANT:

Visa  American Express  MasterCard **Total Amount Due \$** \_\_\_\_\_

Card Number \_\_\_\_\_ CSV Code \_\_\_\_\_ Exp: Mo/Yr \_\_\_\_\_

Cardholder: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Check # \_\_\_\_\_ payable to the Association of Community Cancer Centers.

Please write registrant(s) name on check.

**PARTICIPANT LIST OPT-OUT:** Do not include my contact info in the official participant list.

## OCTOBER 18 PRE-CONFERENCES

	Member Fee	Non-Member Fee
Oncology Pharmacy Education Network (OPEN) Pre-Conference Only	<input type="checkbox"/> \$69	<input type="checkbox"/> \$149
OPEN + National Oncology Conference	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
Fundamentals of the Business of Oncology Pre-Conference Only	<input type="checkbox"/> \$69	<input type="checkbox"/> \$149
Fundamentals Pre-Conference + National Oncology Conference	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee
OCM Collaborative Workshop Exclusive to OCM-participating professionals.	<input type="checkbox"/> \$69	<input type="checkbox"/> \$149
OCM Workshop + National Oncology Conference	<input type="checkbox"/> No Fee	<input type="checkbox"/> No Fee

### FAX OR MAIL YOUR REGISTRATION FORM TO:

301.770.1949 | ACCC National Oncology Conference  
1801 Research Blvd., Suite 400  
Rockville, MD 20850

### SPECIAL SERVICES

Special Dietary Requests: \_\_\_\_\_

ADA: \_\_\_\_\_

Other: \_\_\_\_\_

### EMERGENCY CONTACT

Name/Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

### CANCELLATION/REFUND POLICY

Written cancellation of registration received in the ACCC office by Monday, September 18, 2017, will result in a refund, less a \$100 processing fee. After September 18, 2017, registration fees will not be refunded.