

**The Arizona Clinical Oncology Society
Membership Conference
October 29, 2010**

Oncology and Hematology: Today's Vision, Tomorrow's Reality

**Doubletree Paradise Valley
5401 North Scottsdale Road
Scottsdale, AZ 85250-7090
(480) 947-5400**

REGISTRATION FORM

*Please complete **one** form (type or print) for each meeting attendee.
Photocopy the form, if necessary.*

To ensure proper name badge identification, please register by: October 22, 2010

3 ways to register:

**Fax to the Executive office: 301.770.1949 or Mail form to: TACOS Conference, 11600
Nebel Street, Suite 201, Rockville, MD 20852 or register online at
www.tacos-oncology.com**

First Name	
Last Name	
Institution/Affiliation	
Degree(s)	
Position	<input type="checkbox"/> Physician <input type="checkbox"/> Administrator <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> Pharmacist <input type="checkbox"/> Office Manager <input type="checkbox"/> Fellow
Department	
Title	
Address	
City State Zip	
Contact Numbers	Phone: _____ Fax: _____
Email address	
Membership Status	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member
Special Services	<input type="checkbox"/> Please check here if you require special services, as identified in the Americans with Disabilities Act, to fully participate.

**For additional information- please call 301.984.9496 x218 or
Email inquiry: satterbury@acc-cancer.org**

Registration fees are complimentary