

**Nevada Oncology Society  
Membership Conference  
Thursday, April 29, 2010**

**The Four Seasons Hotel  
3960 Las Vegas Blvd. South  
Las Vegas, NV 89199  
(702) 632-5000**

**REGISTRATION FORM**

*(not for use by industry representatives or exhibitors)*

*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: **April 22, 2010****

**3 ways to register:**

**Register online at [www.nos-nevada.com](http://www.nos-nevada.com); or fax to the Executive office:  
301.770.1949; or mail form to: NOS Conference, 11600 Nebel Street, Suite 201,  
Rockville, MD 20852**

First Name	
Last Name	
Institution/Affiliation	
Degree(s)	
Position(s)	<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
Title	
Department	
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 x. 218 or  
Email inquiry: [satterbury@acc-cancer.org](mailto:satterbury@acc-cancer.org)**

*Registration fees are complimentary*