

REGISTRATION FORM:

Two ways to register:

- Online at cccancer.com/symposium
- Mail payment & registration, must be postmarked by March 28th, to:
Central Care Cancer Center • PO Box 256 • Salina, KS 67401

Name & Credentials

License Number

Place of Employment

Position/Job Title

Preferred Mailing Address

Street

City

State

Zip

County

Preferred Phone Number

Email Address

CONTINUING EDUCATION TYPE

Select which continuing education credit type you wish to receive:

- CME CNE

COST

- Early Registration: \$20.00 After March 15th: \$30

METHOD OF PAYMENT

- I have enclosed a check (payable to CENTRAL CARE CANCER CENTER)
 Please charge my credit card: MASTERCARD VISA DISCOVER

Credit Card #: _____ Exp. Date: _____ 3-Digit Security Code: _____

Name (as it appears on card): _____

Billing Address: _____
(if different than above) Street City State Zip

Signature: _____

SPECIAL ACCOMMODATIONS

- If you will need special accommodations or have dietary restrictions, please mark the box provided and return to Central Care Cancer Center at least two weeks prior to the program date. You will be contacted personally by a member of the Central Care Cancer Center staff.

CANCELLATION POLICY

All participants are required to complete and sign a "verification of attendance" form. After the program, a certificate of completion will be provided to activity participants based on documentation of attendance.

A registrant may cancel no later than one business day prior to the program to receive a refund. After that, no refunds are made.

Central Care Cancer Center reserves the right to cancel the program and return all fees in the event of insufficient registration. Central Care Cancer Center will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

QUESTIONS

For more information visit our website: cccancer.com/symposium or contact Aaron Cannon:
785-506-5716 or aaron.cannon@cccancer.com.