

REGISTRATION FORM

The Third Annual Breast Cancer Symposium 2010 Thursday, September 30 and Friday, October 1, 2010

Registration Deadline: September 17, 2010

*Required Information

Please print clearly

* _____

Degree/Title _____

Specialty _____

*Check the Conference Credit Requested

- AMA PRA Category 1 Credit
- AAFP/CME
- AST/CE
- IDFP/CE
- IEMA/CE
- Other

*Name _____

*Address _____

*City _____

*State/Zip _____

*Phone _____

Business

Home

Fax _____

*E-Mail _____

*Required for confirmation.

Fees

Physician
Peoria Medical Society Member
Physician Assistant/APN/RN/LPN
Surgical Technologist/Radiologic Technologist
Occupational and Physical Therapists
U of I College of Medicine Resident TL1 - TL7
U of I College of Medicine Medical Student
Students (Non Participating Schools)

2-Day

@ \$250

@ \$204

@ \$155

@ \$135

@ \$135

@ Call for Scholarship

@ Call for Scholarship

@ Call for Scholarship

Call 309-655-2383 for Availability

1-Day

\$144

\$118

\$90

\$78

\$78

*Thursday

or

*Friday

Method of Payment

I enclose a check payable to University of Illinois in the amount of \$ _____

Please charge my VISA MasterCard American Express Discover Diners Club \$ _____

Card Number _____

3-digit security code on back _____

Name as it appears on credit card _____

Billing address _____

Signature _____

Expiration date _____

Two Ways to Register

Online at:

go.illinois.edu/breastcancersymposium

Mail to:

Conferences & Institutes

Attn: Michelle Marquart

901 W. University Ave, Ste 101

Urbana, IL 61801 USA

Fax: 217-333-9561

For questions:

e-mail bc@uicomp.uic.edu

or call 309-655-2383.

Confirmation of registration & payment will be sent to each participant.

Cancellation and requests for refunds must be received in writing. Cancellation fee of 25% will be assessed on refunds requested prior to September 17, 2010. No refunds will be made after September 17, 2010.