

Capital Health's Cancer Conference 2020

EXPANDING OPTIONS IN CANCER CARE, PROMOTING QUALITY OF LIFE

MARCH 27-28, 2020 | HARD ROCK HOTEL & CASINO ATLANTIC CITY

REGISTRATION FORM PLEASE COMPLETE ALL FIELDS

Full Name: _____ Provider License Type: _____
(ie; MD, DO, RN, NP, PA, or N/A)

Medical Affiliation: _____ Area of Specialty: _____
(please avoid abbreviations)

Type of Credits/Contact Hours Required: CME Credit Hours Nursing Contact Hours No Certificate

Position/Title: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email Address: _____
all correspondence, including confirmation, payment receipt, announcements, and updates will be sent via email.

Fee includes syllabus, CME/CEU certificate (if applicable), welcome reception, buffet breakfast, lunch, and morning and afternoon coffee breaks.

Please circle your selected rate.

Early Registration <small>(by 2/28/2020)</small>	Late Registration <small>(by 3/20/2020)</small>	On-Site Registration <small>(after 3/20/2020)</small>
\$100	\$125	\$150

CONFERENCE CANCELLATION POLICY: Requests for refunds must be submitted in writing to uniquemtgs@aol.com and received prior to March 13, 2020. Your refund minus a \$75 processing fee will be refunded to you after the conference. Registrants who fail to attend the conference are responsible for the entire fee.

In the event of circumstances beyond its control, Capital Health reserves the right to cancel the conference. Capital Health is not liable for any expense incurred by participants as a result of cancellation.

WELCOME RECEPTION:

I will will not attend the reception on Friday evening.

Registrants are invited to bring one adult guest to the reception on Friday evening. Please indicate if you are bringing a guest by providing their name below.

Guest Name: _____

HOTEL RESERVATIONS:

I am am not interested in reserving a room at the Hard Rock Resort & Casino Atlantic City at the group rate of \$149.

A hotel reservation form will be emailed to you from Unique Meetings or you may download the form at www.capitalhealth.org/cancerconference

PAYMENT:

Check payable to "Capital Health System"
(Tax ID# 22-3548695)

Please send the completed registration form with the payment check to:

CANCER CONFERENCE
c/o Unique Meetings
4404 Saddle River Drive
Bowie, MD 20720

Credit Card

Name on Card: _____

CC #: _____

Exp. Date: _____ CCV: _____

Billing address is the same as the registrants address

Please contact Holly Myers from Unique Meetings at 240.463.1939 or uniquemtgs@aol.com with registration questions, for information regarding hotel accommodations, or if you have any special needs.

