



CORPORATE REGISTRATION FORM

FLASCO BUSINESS OF ONCOLOGY SUMMIT Marriott World Center Hotel April 20th, 2012

CONTACT INFO

Company/Organization:

Name Desired on Badge:

Address:

Phone No:

Fax No.:

Email:

One Representative from Company: \$1,000
2 - 5 Representatives from Company: \$750/each rep
6 or more Representatives from Company: \$500/each rep

**FLASCO DIAMOND CORPORATE MEMBERS
WILL BE ENTITLED TO ONE COMP ATTENDEE REGISTRATION FOR THIS
SUMMIT.**

**All registrations must be received by March 15, 2012
After that date—Add \$50 to late registrations**

PAYMENT

RESERVATIONS

Hotel Arrival Date:

Hotel Departure Date:

Summit Fee: (See Above)	\$		
Hotel Fee: (\$186.25 per night)	\$		
Total Amount to be Charged:	\$		
Credit Card:	Master Card <input type="radio"/>	Visa <input type="radio"/>	Amer. Exp. <input type="radio"/>
Card Holder's Name:	Signature		
Account No.	Exp. Date:		

**FLASCO Spring
Annual Meeting
April 20th—21th, 2012
Marriott World Center
Hotel—Orlando**
Note: A separate reservation form is required for this meeting

**PLEASE MAKE ALL CHECKS PAYABLE TO:
FLORIDA SOCIETY OF CLINICAL ONCOLOGY
RETURN TO: DOROTHY GREEN PHILLIPS
10022 Water Works Lane, Riverview, FL 33578
Phone: 813.677.0246 ext. 102 Fax: 813.677.0559
Email: Dorothy.Green@flasco.org
www.FLASCO.org**