



Conference Registration and Hotel Reservation Form

*Seventh Annual Recent Advances & New Directions in Cancer Therapy Conference,
In Partnership with the California Cancer Consortium*

March 28-30, 2008 ~ The Fairmont San Francisco, San Francisco, CA

Registration Fees: *The registration fee covers participation at all conference sessions, meeting materials, and food functions per the agenda.*

- Physician, nurse, and pharmacist **early-bird registration** (in practice or academic research, registrations must be received and paid in full by Friday, February 15, 2008): \$50.00
- Physician (in practice or academic research): \$150.00
- Nurse, pharmacist, and other health care professionals (in practice or academic research): \$75.00
- Fellow (in practice or academic research): Complimentary
- Industry/All others: \$2,495.00 *(This category is defined by the CBCE as any person employed by a for-profit organization, including biotech, financial, and pharmaceutical.)*
- Conference Supporter

Hotel Accommodations (A credit card is needed to reserve hotel accommodations.)

I am requesting hotel accommodations and acknowledge the hotel cancellation policy. I do not need hotel accommodations.

Check-in date: _____ Check-out date: _____

Preregister for early check-in (if available), requested check-in time: _____

Room requested (upon availability):

King Double Nonsmoking Smoking

Mr Ms MD DO PhD PharmD Fellow RN Other: _____

Last Name *First Name*

Institute *Title*

Address (No P.O. Boxes)

City *State* *Zip/Postal Code*

Telephone *Fax* *E-mail*

Signature (Signature indicates that you understand, accept, and will abide by all conference and hotel guidelines.)

Method of Payment for Conference Registration and/or Hotel Accommodations

Check (Please make payable to: the CBCE) Credit Card: Visa MasterCard Discover AMEX

Card Number *Expiration Date* *Authorization Signature*

If you require special accommodations to participate in this educational activity, please note your needs below:
(The CBCE fully complies with the legal requirements of the Americans With Disabilities Act and the rules and regulations thereof.)

Conference Cancellation Policy

If a cancellation notice is received in writing by Friday, March 7, 2008, 75% of the registration fee will be refunded. All cancellation requests should be sent to the CBCE at the address below.

To register or for further information, please complete the form below and fax to(214) 260-0408 or register online at www.thebcce.com.
Registrations will be confirmed via e-mail or fax. Please provide the requested information about your e-mail and fax number so that a confirmation may be sent to you. Your registration is not complete until you receive a confirmation. Please contact the CBCE via e-mail, info@thebcce.com, if you have not received a confirmation within 3 business days of your registration submission.