

7th Annual Atlanta Lung Cancer Symposium

Saturday

Four Seasons Hotel, Atlanta, Georgia

April 17, 2010

REGISTRATION FORM

3 ways to register - complete the form below and send via

1) Mail

or

2) Fax

3) Register Online

Educational Concepts Group, LLC
7th Annual Atlanta Lung Cancer Symposium
1300 Parkwood Circle, SE
Suite 325
Atlanta, GA 30339

1.770.933.1692

www.atlantalong.net

Registration Fees include participation in all conference sessions, meeting materials, food functions as detailed on the agenda, and continuing education processing. You will receive a confirmation of registration by e-mail or fax.

- Physician \$100
- Nurse, pharmacist, fellow \$65
- Other healthcare professional \$50
- Industry \$1000

Cancellation Policy

Please send ECG a written request for cancellation and a 75% refund of the paid registration fee will be processed. Cancellations received within 10 business days of the program are not eligible for refund.

Please print clearly

Last Name _____ First Name _____ MI _____

Primary Degree _____ Primary Specialty _____

Institute/Company _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Tel _____ Fax _____ E-mail _____

Payment for Conference Registration

- Check (make payable to Educational Concepts Group, LLC and mail to the address above)
- Credit Card Visa MasterCard American Express Discover

Card Number _____ Expiration Date _____

Authorized Signature _____ Security # _____

Americans With Disabilities Act – If you require special accommodations in order to participate in this program, please tell us your needs.
