



**6th INTERNATIONAL
CHICAGO LYMPHOMA SYMPOSIUM
APRIL 17 - 18, 2009
Registration Form**

**The PREFERRED METHOD
of REGISTRATION is via
the WEB at
www.chicagolymphoma.com**

A. REGISTRATION INFORMATION - Please fill in BLOCK LETTERS (Complete one registration form per delegate)

PLEASE NOTE: By completing this Registration Form, you have released your contact information for use by the ICLS 2009 and, you have read, understood and agree to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

ICLS use only

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name for Badge: _____
(Badge will show First and Last Name unless otherwise indicated here)

Field of work or interest: Medical Oncology Radiation Oncology Surgical Oncology Resident/Fellow in Training
 Allied health professional (RN, ANP, PA, PharmD, RPh) Other (please specify) _____

Dr. Professor Mr. Mrs. Ms. (Check one) Job Title: _____

Organization: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____ Country: _____

Phone: (Country Code _____) _____ Fax: (Country Code _____) _____

E-mail: _____
(mandatory – confirmation letter will be sent via email)

A participant list may be included in the delegate bags, please check the box if you **DO NOT** want your name to be included.

Please indicate special requirements (e.g. dietary/mobility): _____

B. FULL REGISTRATION includes: Name Badge, Symposium Handouts, Onsite Program, Continental Breakfast, Coffee Breaks, Lunch.

	Early <small>(On or before February 27, 2009)</small>	Regular <small>(On or before March 27, 2009)</small>	Late / On-Site <small>(After March 27, 2009)</small>	Total Costs
<input type="checkbox"/> Full Registration	\$125 USD	\$175 USD	\$225 USD	\$_____ USD
<input type="checkbox"/> Nurses / Allied Health Professionals	\$ 50 USD	\$ 50 USD	\$100 USD	\$_____ USD
<input type="checkbox"/> Students * / Trainees **	\$ 25 USD	\$ 25 USD	\$ 50 USD	\$_____ USD
<input type="checkbox"/> Industry Registration	\$125 USD	\$175 USD	\$225 USD	\$_____ USD
FULL REGISTRATION SUBTOTAL				\$_____ USD

Payment must be received on or before February 27, 2009 to qualify for the Early Registration Fee. Registrations received after March 27, 2009 may be processed at the Symposium. Registrations will not be processed until payment is received in full.

* Students: Are required to submit an official letter on their Institution's letterhead OR photocopy of their 2008/2009 Student ID from the Institution where they are studying/working indicating proof of their Student status. Please fax this Registration Form to +1 604 681 1049 along with proof of Student status or mail to the Symposium Secretariat at the address below. Registration will not be processed without receipt of this documentation.

**Trainees: Are required to submit a letter from their supervisor on their organization's letterhead confirming Trainee status.

C. ACCOMMODATIONS: Fairmont Chicago – 200 North Columbus Drive | Chicago, IL 60601

The Fairmont Chicago is offering ICLS attendees a special rate of \$159 USD plus taxes (single occupancy). Please visit the Symposium website for details on room types. To make reservations, please call the hotel directly at 1-800-526-2008 or 312 565-8000 and identify yourself as a participant of the 6th International Chicago Lymphoma Symposium (ICLS) to receive the special group rate. ICLS has reserved a limited number of rooms. Make reservations today! A credit card will be required at time of booking.

For more information on the hotel, please visit their website at www.fairmont.com/chicago.com

RETURN COMPLETED FORM & PAYMENT TO (send only once):
International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: icls-registration@icsevents.com



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D. CHALLENGING CASES SUBMISSIONS

Symposium registrants are encouraged to submit "Challenging Cases" to be discussed by an international panel of lymphoma experts on the second day of the Symposium, Saturday, April 18th.

Please submit your challenging cases by email, with the subject line "Challenging Cases", to icls2009@icsevents.com. Please direct any inquiries to icls2009@icsevents.com.

TOTAL PAYABLE (Section B)

TOTAL

METHOD OF PAYMENT: Payment can be made by credit card, cheque, bank draft/money order or bank transfer.

Visa MasterCard

Credit Card Number: _____ Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____

Charges on your credit card statement will appear as "International Conference Services" and will be converted to your currency.

B. _____ (Full Registration)
TOTAL: \$ _____ USD

Cheque Bank Draft/Money Order Bank Transfer

Please ensure that your name and the words "ICLS09" appear clearly on any bank transfers or cheque payments. **Make cheques payable to "International Conference Services c/o ICLS 2009"**

NOTE: If the Card Holder Name is different from the registered Delegate name, you are requested to provide a Credit Card authorization form completed by the card holder together with a copy of the front and back of the Credit Card. Please download the Credit Card Authorization form at www.chicagolymphoma.com, on the "Registration" page.

Cheque (Personal Cheques not accepted) **Bank Draft/Money Order** **Bank Transfer**

- Charges on your **Credit Card** Statement will appear as "International Conference Services" and will be converted to your currency
- Make **Cheques** Payable to "International Conference Services/ ICLS09"
- **Bank Transfers:** Beneficiary Name: International Conference Services Ltd/ICLS09, Correspondent Bank: HSBC Bank USA SWIFT Code MRMDUS33, ABA N° 0210-0108-8, Account: 000050881, Destination Bank: HSBC Canada SWIFT Code: HKBC CATT, Institution #016 Transit #10270 Account# 270247475-074, Bank Address: HSBC Canada, 885 West Georgia St., Vancouver, BC, Canada V6C 3G1
- **It is the delegates' responsibility** to ensure all bank transfer fees are paid over and above the registration fees owed. Otherwise, delegates will be asked to pay any outstanding balance at the on-site registration desk
- **REFUND & CANCELLATION POLICY:** Registration cancellations received in writing at the ICLS 2009 Secretariat's address by **March 16, 2009** will be accepted and all fees refunded, less a \$20 USD administrative fee (as per Committee policy). Cancellations received after March 16, 2009 will not be refunded however, transfer of your registration to another person is acceptable. A completed Registration Form for the new person must be faxed or mailed to the Symposium Secretariat prior to the Symposium, explaining who is being replaced. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.** No refunds will be made for non-attendance at the Symposium.

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