

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.

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