





3RD INTERNATIONAL  
Cancer Control Congress  
INTERNATIONAL COLLABORATIONS  
NOVEMBER 8-11, 2009 / CERNOBBIO, COMO, ITALY

**International Collaborations**  
**3RD INTERNATIONAL CANCER CONTROL CONGRESS**  
**NOVEMBER 08 – 11, 2009**  
**CERNOBBIO, COMO, ITALY**  
**ON-SITE REGISTRATION FORM**



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E. OPTIONAL TOURS & SIGHTSEEING PROGRAM For more information on Tours, please ask your Registration Agent.

F. ACCOMPANYING PERSON REGISTRATION includes: Name Badge, Access to the Opening Ceremony and Welcome Reception.

Accompanying Person                      € 95 Euro                      Dr.    Professor    Mr.    Mrs.  
Ms. (Check one)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

SUBTOTAL    € \_\_\_\_\_ Euro

**TOTAL PAYABLE (please add Sections B, C, D & F)**

**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 Congress Services Ltd." and will be converted to your currency.

**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.

**REGISTRATION - REFUND & CANCELLATION POLICY:** Registration cancellations received in writing at the ICC09 Secretariat's address by September 25, 2009 will be accepted and all fees refunded, less a €50 Euro administrative fee (as per Committee policy). Cancellations received after September 25, 2009 will not be accepted or 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 Congress Secretariat prior to the Conference, explaining who is being replaced with whom. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.** No refunds will be made for non-attendance at the Congress.

FEE SUMMARY

B. \_\_\_\_\_  
(Registration)

C. \_\_\_\_\_  
(Single Day Registration)

D. \_\_\_\_\_  
(Social Functions)

F. \_\_\_\_\_  
(Accomp. Person Registration)

TTL:  
€ \_\_\_\_\_ Euro

**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: iccc2009-registration@icsevents.com**