Register Today!

HemOnc today®
MELANOMA NEW YORK
AND CUTANEOUS MALIGNANCIES

March 18-19, 2016 • Sheraton New York Times Square Hotel

HemOncTodayMelanoma.com

Mail this form to:
ATTN: Registration Department
HEMONC TODAY Melanoma
6900 Grove Road
Thorofare, NJ 08086-9447
Fax this form to: 856-251-0278

Register by phone:
1-877-307-5225, ext. 219 or ext. 476
or 856-848-1712, ext. 219 or ext. 476
Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday
Email questions to: registration@contactAMS.com

PRIORITY CODE: 705-900

Meeting Registration Form

First/Given Name | Middle Initial | Last/Family Name | Suffix | Degree

Address

City | State/Province | Country | Zip/Postal Code

Phone (work) | Phone (mobile) | Email | NPI Number

Profession:
❑ Physician ❑ Resident
❑ Physician Assistant ❑ Researcher
❑ Nurse ❑ Other: _____

Primary Specialty:
❑ Oncology ❑ Dermatology
❑ Hem/Onc ❑ Other: _____
❑ Radiology

Subspecialty/Area of Interest:
❑ Melanoma
❑ General
❑ Other: _____

CME Activity Request:

❑ **YES**, I would like the opportunity to earn CME credits through future activities sponsored by Vindico Medical Education.

How did you hear about this meeting? *(please select all that apply)*

❑ Print Advertisement ❑ Exhibit Booth ❑ Letter ❑ Post card ❑ Brochure ❑ Other: _____
❑ Email ❑ Internet Search ❑ Word of Mouth ❑ Flyer ❑ I'm a Past Attendee _____

Registration Fee

Categories not listed may register by phone at 1-877-307-5225 ext. 219 or 476. Industry may contact Stephanie Burleigh at 856-848-1712 ext. 337.

❑ A. Physician	**$225**	❑ B. Physician Assistant	**$149**	❑ C. Nurse	**$149**	❑ D. Resident*	**$149**	❑ E. Researcher	**$149**

*Resident/student letter of verification must be received within 10 days in order to process meeting registration at the discounted rate. Fax to 856-251-0278 or email to meetings@registrationams.com.

Payment Information

TOTAL $_____

❑ Enclosed is my check payable to "HEMONC TODAY Melanoma 2016" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my: ❑ Visa ❑ MasterCard ❑ American Express

Account Number | Exp. Date | 3-4 Digit Security Code

Name as it Appears on Card | Signature

Special Dietary Request: *Please call 1-877-307-5225 ext. 219 or ext. 476 with your request.*

Refunds: Requests for refunds must be submitted in writing by March 10, 2016. There will be a $100 service charge retained for physician refund requests and $75 for all other registration categories. Requests received after this date will be ineligible for refunds.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Dress Code: Business attire.
Federal ID #: 30-0747466

15-0599

Hotel Reservations

Sheraton New York Times Square Hotel
811 7th Avenue
New York, NY 10019

Call: (888) 627-7067
Reservation Deadline: February 15, 2016
Room Rate: Single/Double $299

Refer to the "HEMONC TODAY Melanoma Meeting" when reserving your room to take advantage of the reduced rate for attendees.

Note: Reduced room rates do not guarantee room availability with the hotel. After February 16, 2016 at 5:00 pm EST, room rates will be based on availability. Hotel rates are per room, per night and do not include tax/service. Currently, a 14.75% sales tax, $2 occupancy charge, $1.50 hotel unit fee and $7.74 porterage charge per bag, roundtrip are applicable to the room rate (per room, per night). Such taxes are subject to change without notice.