

GROUP REGISTRATION CONTACT FORM

Group Registrations Deadline: November 17, 2010 33rd Annual San Antonio Breast Cancer Symposium

FOR OFFICE USE ONLY • Group ID Code

1 GROUP IDENTITY

Number of persons in the group (must have at least 5) _____

Group's Corporate Sponsor _____

2 REGISTRATION METHOD

Online The group registration contact must register and apply for a group ID and password prior to registering any group members. You may register as the contact via the web based Group Contact Registration form at www.sabcs.org or by faxing a completed Group Registration Contact Form to the facsimile number indicated on the form. Within five (5) business days of receipt of the group contact information, you will be provided your group ID number and password by return e-mail. Once you have received your ID number and password, you will be able to register and manage your group at www.sabcs.org. **SPREADSHEETS WILL NOT BE ACCEPTED.**

Fax or Mail Complete and fax or mail this form along with a registration form for each group member to the fax number or address listed below. If you fax the information, do not mail the information or duplicate charges could occur. **SPREADSHEETS WILL NOT BE ACCEPTED.**

3 GROUP CONTACT INFORMATION

If Group Contact will attend the Symposium, he/she must register and pay along with other Group members.

Contact Name _____

Company or Agency Name _____

Address _____

City _____ State or Province _____ Postal or ZIP Code _____

COUNTRY _____

Phone Number (country code + city or area code + number) _____

FAX Number (country code + city or area code + number) _____

E-mail Address (**Either fax number or Email is required**) _____

4 ON-SITE GROUP REPRESENTATIVE

An on-site representative is required for your group. If an on-site representative is not designated, group registration will not be accepted.

Contact Name _____

Company or Agency Name _____

Address _____

City _____ State or Province _____ Postal or ZIP Code _____

COUNTRY _____

Phone Number (country code + city or area code + number) _____

4 ON-SITE GROUP REPRESENTATIVE Cont.

FAX Number (country code + city or area code + number): _____

E-mail Address (**Either fax number or Email is required**): _____

5 GROUP PAYMENT TYPE (No Purchase Orders)

- Check/Money Order/Draft.
(Make payable to UTHSCSA-CME#127259) Tax ID: 74-1586031
- Wire Transfer, your bank to ours. Add \$30 to total for transfer fees

Instructions for wire transfer will be sent to you by e-mail after your registration is received by SABCS.

American Express Master Card Visa Discover

Credit Card Number _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Signature _____

6 REGISTRATION FEE

Through October 31, 2010: \$400

Effective November 1, 2010: \$575

Wire Transfer Fee \$30 (if applicable)

TOTAL AMOUNT DUE \$ _____

7 CONFIRMATIONS

Send registration confirmations to Group Contact to individuals

8 FAX OR MAIL OPTION (5-15 only)

You must complete an Individual Meeting Registration Form for each person on your list.

FAX THIS FORM TO 888-298-9883 or 404-920-3258, or mail to:

SABCS Group Registration

c/o OnPeak

240 Peachtree St., Suite 22-S10

Atlanta, GA 30303 USA

CANCELLATIONS POLICY

Cancellations must be in writing and received by November 17.

NAME CHANGES POLICY

Changes must be made in writing and received by November 17. After November 17, name changes must be made on-site.

CANCELLATION REFUNDS

Cancellations received on or before November 17 will be refunded less a \$50.00 Processing Fee. Registrations received after November 17 are nonrefundable.