



## The Carcinoid Cancer Foundation

### REGISTRATION FORM

#### ***Determining Molecular Signature: A Guide for Targeted Therapy of Neuroendocrine Tumors***

Symposium at Mount Sinai Hospital, New York, NY  
**April 11, 2010, 1:00 - 4:30 pm**

#### **3 WAYS TO REGISTER: RSVP before April 1**

We are serving light refreshments and need to know how many will attend.

1. **By phone:** 888-722-3132 (Tuesday – Thursday, 10 am – 4 pm)  
If no answer, leave a message and a CCF staff member will return your call.

2. **By E-mail:** Copy, complete and paste information from the form below and send to:  
carcinoid@optonline.net (with **MSH Carcinoid/NET Symposium** in the subject line)  
Send check by snail mail or pay online <http://tinyurl.com/bwbnwf>  
(click on **Donation Designation**)

3. **By Snail Mail:** Print, complete form and mail with check to:  
The Carcinoid Cancer Foundation, 333 Mamaroneck Avenue # 492, White Plains, NY 10605

Name \_\_\_\_\_ ( )

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Total number of attendees in my party (including me) \_\_\_\_\_

Their Name \_\_\_\_\_ ( )

Their Name \_\_\_\_\_ ( )

Their Name \_\_\_\_\_ ( )

Indicate in the parenthesis after each name if you and those in your party are a patient (P), Spouse (S), Family member (FM), Friend (F), Physician (MD), other health care professional (HCP), Other (O) please specify.

**A \$25.00 per person tax deductible fee is required at the time of registration payable either by check or online <http://tinyurl.com/bwbnwf>**  
(click on Donation Designation drop down list and choose MSH conference)



## FOR FUTURE PLANNING

If you are a patient, we would be most appreciative if you could complete the following. This will help guide us when we select future symposium topics.

I would be interested in learning more about the following topics:

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I would like to hear the following guest speakers:

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In addition to the medical community, I would like to hear from patient guest speakers:

Yes\_\_\_\_\_

No\_\_\_\_\_

Newly diagnosed (yes or no)\_\_\_\_\_

Long-term survivors (yes or no)\_\_\_\_\_

If you are a patient or a patient caregiver, would you be interested in possibly participating in future symposia as a guest speaker:

Yes\_\_\_\_\_

No\_\_\_\_\_

I am a: Patient\_\_\_\_\_

Caregiver\_\_\_\_\_

**I would like to be on The Carcinoid Cancer Foundation's mailing list.**

Please add my name to your e-mail list. This is my e-mail address (please print):

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**THANK YOU**