



# The Carcinoid Cancer Foundation™

## REGISTRATION FORM

### Progress In Research and Treatment

Symposium at Mount Sinai Hospital, New York, NY  
**April 13, 2008, 1-5:30 pm**

There is no charge to attend this symposium.

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

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 (both sides) and paste information from the form below and send to: [carcinoid@optonline.net](mailto:carcinoid@optonline.net) (with **MSH Carcinoid/NET Symposium** in the subject line)
3. **By Fax:** Print and complete form (both sides) and fax to: 914-683-0183
4. **By Snail Mail:** Print, complete form (both sides) and mail to:  
The Carcinoid Cancer Foundation, Inc., 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.



## 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 have carcinoid:    Yes                   No

What is the site of my primary tumor(s)? \_\_\_\_\_  
Don't Know

Is your carcinoid:    typical                   atypical                   Don't Know

Do you have carcinoid syndrome?    Yes                   No

I have another type of neuronendocrine tumor:    Yes                   No

Please specify type \_\_\_\_\_

THANK YOU