

St. Vincent's 7th Annual INDY Hematology Review

March 6, 2010 – The Conrad Hotel, Indianapolis, Indiana

REGISTRATION FORM

3 ways to register - complete the form below and send via

1) MAIL or 2) FAX 3) Register Online

Educational Concepts Group, LLC 1.770.933.1692 www.indyhematologyreview.com
7th INDY Hematology Review
1300 Parkwood Circle, SE
Suite 325
Atlanta, GA 30339

Registration Fees include participation in all conference sessions, related food functions as detailed on the agenda, meeting materials, and continuing education processing. You will receive a confirmation of registration by e-mail or fax.

- Physician \$100 PA/NP \$75 Fellow \$65 Pharmacist/Nurse \$65
Other Healthcare Professional \$50 Industry \$250

Cancellation Policy

Please send ECG a written request for cancellation and a 75% refund of the paid registration fee will be processed. Cancellations received within 10 business days of the program are not eligible for refund.

Please print clearly

Last Name First Name MI
Primary Degree Primary Specialty
Institute / Company
Address
City State/Province ZIP/Postal Code
Tel Fax E-mail

Payment for Conference Registration

Check (make payable to Educational Concepts Group, LLC and mail to the address above)
Credit Card Visa MasterCard American Express Discover
Card Number Expiration Date
Authorization Signature

Accommodations – A limited number of rooms have been reserved at a reduced conference rate of \$225 (single room) plus applicable taxes, and for an additional person add \$30, plus applicable taxes. This rate is guaranteed only for reservations made prior to Monday, February 1, 2010 and is subject to availability. Contact the hotel reservation office at 1.317.713.5000 for availability or further information. Please take note of the hotel's guarantee and cancellation policies.

Americans With Disabilities Act – If you require special accommodations in order to participate in this program, please tell us your needs: