



CONFERENCE REGISTRATION FORM

17TH International Conference on Cancer Nursing (ICCN)

Hilton Prague Hotel, Prague, Czech Republic
September 9 – 13, 2012



Register online at:
www.isncc.org



Mail this form with payment to:
International Society of Nurses in Cancer Care (ISNCC)
375 West 5th Ave, Suite 201
Vancouver, BC, Canada, V5Y 1J6



Fax this form to:
1.604.874.4378

1. CONTACT INFORMATION

(as you will like it to appear on delegate badge and delegate list)

Title: Dr. Prof. Mr. Ms. Mrs.

First Time attending ICCN? Yes No

Degrees: _____

Surname/Family Name _____ First Name _____

Job Title _____

Institution/Company _____

Billing Address _____

City _____ State/ Province _____

Country _____ Zip/ Postal Code _____

Telephone _____ Fax _____

Email _____

PARTICIPANT DIRECTORY

Check if you DO NOT wish to have your contact details included on the delegate list which will be made available to all attendees.

*** Registration fee includes: All scientific and concurrent session, access to posters & exhibits, program materials, coffee breaks, and welcome reception.**

CANCELLATION POLICY

A \$75 administrative will be applied to any cancellations before **August 15th, 2012**. Registration fees will not be refunded for any reason **after August 15, 2012**. Substitutions are accepted. Please send written notice of substitution in writing or by email by **August 30th, 2012** to ISNCC Head Office at info@isncc.org.

STEP 2 – MENTOR PROGRAM

Check here if, as a first time delegate, you would like to have a mentor

If English is not your first language, check here if you would prefer someone who speaks your language if this option is available?

Please nominate language below:

Check here if you would like to volunteer as a mentor.

Check here if you speak a language other than English & would be willing to offer assistance to other nurses who speak your language.

Please nominate language below:

STEP 3 – PAYMENT

Wire Transfer

Please contact ISNCC Head Office at info@isncc.org for wire transfer information. Please note that **banking charges may apply** additional to your registration fees.

Check Payment

Checks should be made payable to: **Malachite Management Inc. – ICCN**

Credit Card

Visa MasterCard

Credit Card Number _____

Expiration Date (mm/yy) _____

Name (as it appears on card) _____

Signature _____

2. REGISTRATION FEE(S)

Early Registration Rate - before May 1st, 2012

Regular Registration Rate - before August 15th, 2012

Late Registration Rate - after August 15th, 2012 and onward

Accompanying Persons - Does NOT include entry to scientific sessions and delegate conference materials)

ISNCC Member

\$695 USD

\$795 USD

\$895 USD

\$75 USD

ISNCC Non-member

\$715 USD

\$815 USD

\$915 USD

\$75 USD