Advances in Pediatric Hematology/Oncology
November 18-20, 2010
Registration Form

3 Easy Ways to Register:

1 WEB
www.faptp.org
(Print registration form
and mail with check)

2 FAX
813-910-5928
(Fax registration form
and mail check)

3 MAIL
FAPTP
3650 Spectrum Blvd, #100
Tampa, FL 33612

Attendee Information

Full Name ___________________________ Degree ___________
First Name *(for badge) ___________________________

Employer Name *(for badge) ___________________________
Position/Title ___________________________

Employer City/State ___________________________

License# / State *(Required to obtain continuing education credit) ___________________________

The following address is: □ Home □ Business

Address ___________________________

City ___________________________ State ___________ Zip/Postal Code ___________

Phone ___________________________ E-mail ___________________________

[ ] Please check here if you require special accomodations; we will contact you.

Conference Events
(The Registration Fee includes the following meals and social functions)

I plan to attend: *(Check all that apply)

Thursday, November 18
☐ Light Snack 11:30 - 12 pm
☐ Barbecue, DJ & Dancing-Poolside 6:00 - 9 pm

Friday, November 19
☐ Continental Breakfast 8 - 9 am
☐ Sponsored Lunch 12:25 - 1:30 pm

Saturday, November 20
☐ Continental Breakfast 8 - 9 am

Registration Fees

General Session Fees include program materials, continental breakfasts, refreshment breaks and at least one luncheon.

Early Seminar Registration
Postmarked on or before September 30, 2010
Healthcare Professionals..........................$200.00
*Full-time Students..........................$150.00
*Letter from faculty advisor must accompany registration.

Late Seminar Registration
Postmarked after September 30, 2010
Healthcare Professionals..........................$250.00
*Full-time Students..........................$175.00
*Letter from faculty advisor must accompany registration.

Single Day Rates are available. For more information on the single date rates, contact the Central Office at (813-396-9528).

Cancellation/Refund Policy: Written cancellation of registration received in the FAPTP Central Office on or before October 8, 2010 will result in a refund less a $50 processing fee. After October 8th, no refund will be issued.

Registration Confirmation: You should receive confirmation of your registration by mail, fax or email. Registrations received after November 1 will be processed on site.

Hotel Reservations

Please make room reservations directly with
Hyatt Regency Grand Cypress in Orlando, Florida
Toll Free: 1-800-233-1234 or Direct Line: (407) 239-1234
Website: https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=2504489
Ask for the “Advances in Pediatric Hematology/Oncology - FAPTP” rate of $139 for Single or Double Occupancy.

Registration Payment

Payment must be made by check or money order with funds made available in U.S. Dollars made out to FAPTP and must accompany your registration form.

My registration fee of $________________ is enclosed.