

2019 Spring Meeting Administration and Business of Oncology June 7-8, 2018

THE HOTEL AT AVALON 9000 AVALON BOULEVARD, ALPHARETTA, GEORGIA 30009

MEMBER / NON-MEMBER REGISTRATION FORM

Please provide business information only. Please do not provide personal home information. Fields marked with an "*" are required fields. One form per person.

	Prefix:	
	*First Name:	Middle Initial:
	*Last Name:	Suffix:
	*Credentials (MD, NP, RN, etc.):	
	*Practice or Health System Name:	
	*Title:	
	*Address 1:	
	*Address 2:	
	*City: *State:	
	*Office Phone: *Fa	x Number:
	*E-mail:	Specialty:
*GAS	CO Status: □ Member □ Non-Member □ Medical Student □ Hema	☐ Navigator Member tology/Oncology Fellow ☐ Unknown
Yes, l	plan to attend the GASCO Administrators	s' Meeting as follows:
	Both Friday and Saturday sessions, includin Reception	g: □ Breakfast □ Lunch □ Friday
	Both Friday and Saturday sessions, excluding Reception	ıg: □ Breakfast □ Lunch □ Friday
	Friday session only, including: \square Breakfast	5 1
	Saturday session only, including: \square Breakf	ast
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- ALL GASCO Members Including Administrators' Association Members and Practice Support Members - No Charge⁽¹⁾
- Navigator Members No Charge⁽²⁾
- Medical Students and Hematology/Oncology Fellows No Charge
- Non-Members \$150.00

(1) and(2) Please note if you have not yet paid your 2019 dues, they must be current and paid prior to the meeting.

 $\begin{tabular}{ll} \textbf{Payment of membership dues or non-member registration fee can be paid on-line at:} \\ \underline{\textbf{GASCO Membership Dues}}. \end{tabular}$

If paying by check, checks must be mailed for receipt no later than Friday, May 31, 2019, to complete your registration. Mail payments to: GASCO, Attention: Anne Marie Cahill, 3330 Cumberland Boulevard, Suite 225, Atlanta, Georgia 30339.

For questions contact Anne Marie Cahill (<u>acahill@medicalmanagement.com</u>), or Karen Beard (<u>kmb@medicalmanagement.com</u>), or call (770) 951-1018 or Toll-Free (877) 88GASCO.