

Cancer Control Society

P. O. Box 4651 * Modesto, CA 95352-4651

209/529-4697 * 605-6196 Cell/Voice Mails * e-mail: frankcousineau@yahoo.com
cancercontrolsociety.org

48th Annual CCS Convention Registration Form

Saturday, September 3 \$ 50.00 per person _____ Number attending
Convention & Exhibits

Sunday, September 4 \$ 50.00 per person _____ Number attending
Convention & Exhibits

Monday, September 5 \$ 50.00 per person _____ Number attending
Convention & Exhibits

Tuesday, September 6 \$ 125.00 per person _____ Number attending
Doctors' Symposium
Includes Luncheon: Stir fry Plate: Chicken _____ or Vegetarian _____
Please choose one. Includes salad, beverage, dessert
Seating limited to first 100 people. Please check website for open space.

Wednesday, September 7 \$ 125.00 per person _____ Number attending
Tijuana Clinics Tour.
Includes lunch at one of the Clinics. Limited to 50 people.
Please check website for open space.

Names of Participants:

Mailing Address: (optional)

City / State (if outside California) of Residence: (for Name Badge(s))

E-mail Address: (for confirmation and communication)

Total for all events: \$ _____

Submit this Form with a check payable to Cancer Control Society

Cancer Control Society
P. O. Box 4651
Modesto, Ca 95352-4651

Please print a copy for your records and bring a copy to the Convention.