

Registration Form

Name/Credentials: _____

Address: _____

City, State, Zip Code: _____

E-mail: _____

**Questions for speakers to
Answer (those who submit
questions will be entered
in a drawing):**

Fee:

ICRA 2008 Member \$40 ____

Non-Member \$65 ____

Registration includes breakfast, lunch and break food.

Registration Deadline:

March 26, 2009 Late fee: add \$10

Return Form To: (checks made out to ICRA)

Tania Viet, CTR

University of Iowa Hospitals & Clinics

4891 JPP – Oncology Registry

200 Hawkins Dr.

Iowa City, IA 52242

6 CEUS applied for from NCRA:

Enrollees wishing to cancel a registration will receive full refund if the cancellation is received prior to Monday, April 6th 2009. Call Tania at 319-356-3999.

Parking:

Capitol Street Garage (Burlington & Capitol Street). Adjoins Old Capitol Town Center.

The University Capitol Centre conference area is located on the 2nd floor, across the hall from the SHRI offices. \$0.75 per hour.