



The **PREFERRED** METHOD of **REGISTRATION** is via the **WEB** at [www.lalca2010.org](http://www.lalca2010.org)

**A. REGISTRATION INFORMATION - Please fill in BLOCK LETTERS (Complete one Registration Form per Delegate)**

ICS use only	

**PLEASE NOTE:** By completing this Registration Form, you have released your contact information for use by the 4<sup>th</sup> Latin American Conference on Lung Cancer (LALCA 2010) and you have read, understood and agreed to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

<b>Delegate</b>		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (Check One)	
Last Name		
First Name		
Organization		
Department		
Position		
Street Address		
City/Suburb		State/Province
Country		Postal Code/Zip Code
Telephone (Country Code, Area Code)		
Fax (Country Code, Area Code)		
Email (Mandatory for Confirmation Letter)		
Preferred Name for Badge		

Please indicate your Specialty here (check all that apply): Medical Oncology   Radiation Oncology   Pulmonologist  
Radiologist   Pathologist   Epidemiologist   Basic Research Scientist   Oncology Nurse   Registered Nurse  
Nurse Practitioner   Surgeon   Clinical Nurse Specialists   Allied Health Professional   Advocacy   Other (please indicate) \_\_\_\_\_

Please indicate special requirements (e.g. dietary/mobility):  
 \_\_\_\_\_

A participant list will be included in the Delegate Bag. Please check the box if you **DO NOT** want your name to be included.

**B. FULL CONFERENCE REGISTRATION includes:** Name Badge, Delegate Bag, On-Site Programme & Conference Handouts, Abstract Book, Opening Ceremony, Welcome Reception, Scientific Programme Sessions, Exhibit Hall Access and Coffee Breaks. Please check the appropriate box.

FULL CONGRESS REGISTRATION				
CATEGORY	EARLY REGISTRATION (On or Before 4 June 2010)	REGULAR REGISTRATION (On or Before 25 June 2010)	LATE REGISTRATION (After 25 June 2010)	TOTAL
<input type="checkbox"/> IASLC MD Member*	\$200.00 USD	\$250.00 USD	\$300.00 USD	\$
<input type="checkbox"/> MD IASLC Nonmember	\$250.00 USD	\$300.00 USD	\$350.00 USD	\$
<input type="checkbox"/> Non-MD IASLC Member	\$150.00 USD	\$200.00 USD	\$250.00 USD	\$
<input type="checkbox"/> Non-MD Nonmember	\$200.00 USD	\$250.00 USD	\$300.00 USD	\$
<input type="checkbox"/> Student	\$70.00 USD	\$100.00 USD	\$150.00 USD	\$

\*Please provide your IASLC Membership # \_\_\_\_\_



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**C. SINGLE DAY REGISTRATION includes:** Name Badge, Delegate Bag, On-site Programme & Conference Handouts, Abstract Book, Scientific Programme Sessions on selected day of attendance, Exhibit Hall Access on selected day of attendance and Coffee Breaks on selected day of attendance. Registration **does not include** the Opening Ceremony and Welcome Reception. Please check the appropriate box.

CATEGORY	REGISTRATION FEE	TOTAL
<b>THURSDAY 29 JULY 2010</b>		
<input type="checkbox"/> IASLC MD Member**	\$200.00 USD	\$
<input type="checkbox"/> MD IASLC Nonmember	\$220.00 USD	\$
<input type="checkbox"/> Non-MD IASLC Member**	\$150.00 USD	\$
<input type="checkbox"/> Non-MD Nonmember	\$200.00 USD	\$
<input type="checkbox"/> Student*	\$70.00 USD	\$
<b>FRIDAY 30 JULY 2010</b>		
<input type="checkbox"/> IASLC MD Member**	\$200.00 USD	\$
<input type="checkbox"/> MD IASLC Nonmember	\$220.00 USD	\$
<input type="checkbox"/> Non-MD IASLC Member**	\$150.00 USD	\$
<input type="checkbox"/> Non-MD Nonmember	\$200.00 USD	\$
<input type="checkbox"/> Student*	\$70.00 USD	\$

\*\*Please provide your IASLC Membership # \_\_\_\_\_

Payment must be received on or before 4 June 2010 to qualify for the Early Registration Fee and on or before 25 June 2010 to qualify for the Regular Registration Fee. Registrations received 25 June 2010 will be processed at the Late Registration Fee. **Registrations will not be processed until payment is received in full.**

REGISTRATION SUBTOTAL \$ \_\_\_\_\_ USD

\*Students MUST state the Institution where they are studying or working \_\_\_\_\_. Students are required to submit an official letter on their Institution's letterhead OR photocopy of their 2009/2010 Student ID from the Institution where they are studying indicating proof of their Student status. Please fax this document to +1 604 681-1049, mail to the Conference Secretariat or email to [lalca2010-registration@icsevents.com](mailto:registration@icsevents.com). Registration will not be processed without receipt of this documentation.

**D. SOCIAL PROGRAMS included in FULL Registration are:** Opening Ceremony and Welcome Reception. For seating & catering purposes, please indicate below if you plan to attend. If you would like to purchase additional tickets, please indicate the number of tickets below. For more information on these events, please visit the Conference Website at [www.lalca2010.org](http://www.lalca2010.org)

**Note:** The Opening Ceremony and Welcome Reception are **not included with Single Day Registration**.

Opening Ceremony – Wednesday 28 July 2010 Yes No  
 Welcome Reception – Wednesday 28 July 2010 Yes No

Additional Opening Ceremony & Welcome Reception Ticket  
 Wednesday 28 July 2010 # of Tickets \_\_\_\_\_ @ \$50.00 USD/ticket = \$ \_\_\_\_\_ USD

SOCIAL PROGRAMS SUBTOTAL \$ \_\_\_\_\_ USD



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**E. ACCOMMODATION:** The Sheraton Buenos Aires Hotel and Convention Center can be found on the Conferences Website at [www.lalca2010.org](http://www.lalca2010.org). If you have questions regarding accommodation or are requesting an upgraded room, please contact the Conference Secretariat at [lalca2010-registration@icsevents.com](mailto:lalca2010-registration@icsevents.com)

Room Category      Classic Rooms  
Rate                    \$169 USD/night for single or double occupancy  
Internet                25% Discount

Room Preference     Smoking             Non-Smoking             Wheelchair Accessible

Bed Preference       King                     2 Queen Beds             Upgrade

Arrival Day/Date \_\_\_\_\_ Departure Day/Date \_\_\_\_\_ # of Nights \_\_\_\_\_ # of Rooms Required \_\_\_\_\_

Special Requirements (allergies etc.) \_\_\_\_\_

**I will be sharing a room with:**  Fellow Delegate     My Family (Please clearly print names below)

Credit card will be used to guarantee your reservation (for hotel use only)     Visa             MasterCard  
(30 days prior to arrival, hotel will charge a non-refundable deposit equal to 2 night's room and tax to the credit card provided.)

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

If you do not have a credit card, you may send a company cheque or bank transfer deposit in the amount of **\$409.00** per room (2 night's room and tax) which is required to secure your hotel reservation. Reservation requests received without a valid credit card number, company cheque or bank transfer deposit will not be processed. Please use the banking information as noted in the payment section below.

**If the credit card provided will be used to pay hotel accommodation and does not belong to the Registered Delegate, please contact the Conference Secretariat at [lalca2010-registration@icsevents.com](mailto:lalca2010-registration@icsevents.com). A hotel credit card authorization form will be sent to you for completion and a photocopy of the front/back of the card and Passport from the Card Holder will be required.**

\*For hotel cheque or bank transfer deposit only \$ \_\_\_\_\_ USD

#### **ACCOMMODATION - CANCELLATION AND RESERVATION CHANGES**

Please contact the Conference Secretariat at [lalca2010-registration@icsevents.com](mailto:lalca2010-registration@icsevents.com) to make changes to an existing reservation or to cancel your reservation (please do not contact the hotel directly). Cancellations or changes WILL NOT be accepted by phone. All cancellations or changes must be requested in writing by mail, fax or email (preferred).

#### **CANCELLATION POLICY**

Cancellations must be made no later than **30 days prior to arrival** to avoid a penalty charge of two night's room and tax which will be applied to the credit card on file or loss of cheque or bank transfer deposit.



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**Please Note:** Failure to arrive on the scheduled arrival date will result in cancellation of the hotel reservation and a charge equal to two night's room and tax or more will be charged to the credit card number given above or loss of cheque or bank transfer deposit. Please confirm the length of your stay with the hotel at check-in time. Should you decide to leave earlier, the hotel may charge an early departure fee or for all nights reserved.

If you have any questions, please email: [lalca2010-registration@icsevents.com](mailto:lalca2010-registration@icsevents.com)

➡ IF YOU HAVE NOT USED THE LALCA 2010 CONFERENCE SECRETARIAT TO MAKE YOUR RESERVATION, PLEASE PROVIDE THE NAME OF THE HOTEL WHERE YOU ARE STAYING FOR EMERGENCY CONTACT PURPOSES: ⬅

TOTAL PAYABLE (Please Add Sections B, C, E)		TOTAL
Please add	Section B \$ _____	
	Section C \$ _____	
	Section D \$ _____	
	Section E \$ _____	
	<b>TOTAL</b> \$ _____ USD	

**METHOD OF PAYMENT:** Payment can be made by credit card, company cheque, bank draft, money order, or bank transfer.

Visa       MasterCard

Credit Card Number: \_\_\_\_\_ Security Code (3 digit number on back of card): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Charges on your credit card statement will appear as "International Conference Services Ltd." And will be converted to your currency.

**Note:** If the Card Holder's name is different from the registered Delegate's name, you are required to provide a Credit Card Authorization Form completed by the Card Holder together with a copy of the front and back of the Credit Card. Please download the Credit Card Authorization Form from the Conference Website at [www.lalca2010.org](http://www.lalca2010.org)

Company Cheque (Personal Cheques not accepted)       Bank Draft/Money Order       Bank Transfer

Please ensure that **your name** and the words "**EVENT: "LALCA 2010"**" appear clearly on any cheques, bank drafts, money orders or bank transfer payments.

**Make cheques payable to "International Conference Services c/o LALCA 2010."**

**Bank Transfers:** Beneficiary Name: International Conference Services Ltd/LALCA2010  
 Suite 2101 – 1177 West Hastings Street  
 Vancouver, BC V6E 2K3 CANADA

Beneficiary Account No: #270247475076  
 Beneficiary Bank: HSBC Bank of Canada  
 Swift Code: HKBC CATT  
 Bank Address: HSBC Canada  
 885 West Georgia Street



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Vancouver, BC V6C 3G1 CANADA

US Correspondent Bank: HSBC Bank USA  
Swift Code: MRMDUS33  
ABA No: 0210-0108-8  
Account: 000050881

Cheques, bank drafts, money orders and bank transfers will only be accepted in USD dollars. **It is the Delegate's responsibility to ensure all bank transfer fees are paid over and above the registration fees owed.** Otherwise, Delegates will be asked to pay any outstanding balance at the on-site registration desk.

**REGISTRATION - REFUND & CANCELLATION POLICY:** Registration cancellations received in writing at the LALCA 2010 Secretariat's address by **Thursday 1 July 2010** will be accepted and all fees refunded, less a \$50 USD administrative fee (as per Committee policy). Cancellations received after **Thursday 1 July 2010** will not be refunded however, transfer of your registration to another person is acceptable. A completed Registration Form for the new person must be faxed or mailed to the Conference Secretariat prior to the Conference, explaining who is being replaced. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.** No refunds will be made for non-attendance at the Conference.

In the unlikely event that LALCA 2010 is cancelled, travel and accommodation costs will not be refunded.