

Registration-Lung Cancer Advocacy Program, Nov 1, 2008

1. Registration information

Please complete to register for the Lung Cancer Research Advocacy Program, Saturday November 1, 2008 at University Place Conference Center, 850 West Michican Street, Indianapolis, IN 46202. Program begins at 9 am and will conclude by 1. Lunch is included. There is no fee but registration is required to assure for adequate materials and refreshments.

* 1. Applicant information:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

2. We welcome all to the meeting but would like to know a little bit about you. Please tell us are you a:

- Lung Cancer Survivor
- Other Cancer Survivor
- Family/Friend/Caregiver
- Health Care Professional

Other (please specify)

3. Are you associated with an advocacy group?

- Yes
- No
- If yes, please tell us which organization(s)

4. Please tell us what you would like to learn.(Optional) Please remember that the intent of the session is not to give individual medical advise.