

REGISTRATION



**PROSTATE
CANCER
CONFERENCE**

Making a Positive Impact on Quality of Life
September 12-13, 2009
Marriott Los Angeles Airport Hotel, California



Working together for a cure

ATTENDEE #1 – PRIMARY CONTACT

ATTENDEE #2

LAST NAME	LAST NAME
FIRST NAME []Mr. []Ms. []Dr.	FIRST NAME []Mr. []Ms. []Dr.
ADDRESS	ADDRESS – <i>if different</i>
CITY, ST, ZIP	CITY, ST, ZIP
COUNTRY	COUNTRY
EMAIL	
TELEPHONE	

Fees

Registration	Per Attendee	# of Attendees	Total \$ Amount
Early (thru July 31 st)	\$60		
Regular (thru Sept 10 th)	\$85		
On-site	\$100		
Saturday Dinner ___ Vegan ___ Vegetarian	\$50		
Excursions			
Hollywood Bowl, Sept 11	\$50		
Getty Center, Sept 13	\$20		
Donation to PCRI			
<input type="checkbox"/> Patron (\$1,000)	<input type="checkbox"/> Sponsor (\$500)		
<input type="checkbox"/> Supporter (\$250)	<input type="checkbox"/> Associate (\$100)		
<input type="checkbox"/> Friend (\$50)	<input type="checkbox"/> Other _____		
Total			

How to Register

Mail completed registration along with your payment to PCRI, 5777 W. Century Blvd #800, Los Angeles, CA 90045

Or **Fax** completed registration along with credit card information to 310.743.2113

Or **Call in** your registration at telephone 310.743.2117

Or **online** at www.pcri.org

Donate to PCRI

Our continued existence and our ability to provide these quality conferences and other important educational materials are dependent on public support. We appreciate your generous gifts to PCRI.

Payment Information

Check enclosed made payable to PCRI

Credit Card Number _____ - _____ - _____ Sec. Code _____

Expiration Date _____ (MM/YY) Billing Zip _____

Cardholder Name _____ Signature _____