

July 10-11, 2009

Registration Form

9th Biennial Meeting for Patients, Survivors and Family Members



American Brain Tumor Association
ON THE PATH TO PROGRESS

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone - Day _____
 Evening _____
 E-Mail _____
 (Your registration confirmation will be e-mailed)

Badge Information (optional) *It helps you network with others.*

First Name _____ Tumor Type _____

I am a:

- Patient/Survivor
- Spouse
- Parent of Adult Patient/Survivor
- Parent of Patient/Survivor <18 yrs.
- Healthcare Professional*
- Other (specify): _____

***Healthcare Professional Only:**

Name to be printed on your badge: _____

Your Institution: _____

Please indicate all functions you plan to attend:

Friday (July 10th)

- Afternoon General Session
- Dinner
- David Bailey Performance
- Afternoon Workshops

Saturday (July 11th)

- Continental Breakfast
- Morning General Session
- Lunch
- Closing Reception

Please indicate any Special Needs (deadline is June 19th): _____

Registration Fees

Meeting registration includes the program, dinner and David Bailey's performance on Friday; continental breakfast, lunch and closing reception on Saturday.

\$50 per person - extended to June 30th	\$ _____
\$60 per person - after June 30th	\$ _____
Additional tax deductible donation	\$ _____
Total amount enclosed	\$ _____

Payment options:

Check payable to American Brain Tumor Association or ABTA

Charge my:

AMEX Discover Card MasterCard VISA

Print name as it appears on card: _____

Signature: _____

Card Number: _____

Exp. Date: _____

Meeting Location:

Marriott's Lincolnshire Resort

The resort is located at 10 Marriott Drive, Lincolnshire, Illinois 60069, (847) 634-0100, about 25 minutes north of Chicago's O'Hare International Airport on Milwaukee Ave (Rte 21), just south of Half Day Rd (Rte 22). Driving directions will be included with your registration confirmation.

Registration Fees

Registration is \$50 per person and includes the program, dinner and David Bailey's performance on Friday; continental breakfast, lunch, and closing reception on Saturday. Register early - space is limited. After June 30th, if space permits, the registration fee will be \$60 per person, including on-site registration.

Scholarships

Through the generosity of Genentech, scholarships are available for this meeting. Please e-mail info@abta.org for details, or call 800-886-2282 and ask for an ABTA social worker.

To Register for this Meeting

Please mail completed form and payment to:

**American Brain Tumor Association
2720 River Road, Des Plaines, IL 60018**

OR

**Fax completed form with credit card information
to: (847) 827-9918**

Payment in full must accompany this form.

Copy this form or attach a separate piece of paper for EACH additional registration.

Confirmation of registration will be sent by email.

Refund/Cancellation

Registration fees will be refunded for cancellations received by July 3rd. No refunds will be issued for cancellations after this date.

Questions or More Information

Call ABTA at (800) 886-2282 with program questions. Please send inquiries by e-mail to info@abta.org.