

REGISTRATION FORM

15TH ANNUAL MASSACHUSETTS PROSTATE CANCER SYMPOSIUM

PLEASE REGISTER BY MAY 4, 2012

MAIL your completed registration information to: MPCC, c/o Green Associates, 200 Lincoln St., #201, Boston, MA 02111

FAX: 617.482.3049

ONLINE AT www.masspcc.org

For more information, call 617.482.3044 or email info@masspcc.org

REGISTRATION INFORMATION

Full Name

Organization, if applicable

Address

City / State / Zip

Phone

Email (If you wish to be added to the MPCC Newsletter list)

Spouse/Companion (Full name and name for badge)

- Yes, I/we want to attend the 15th Annual Massachusetts Prostate Cancer Symposium on Friday, May 20, 2012 at the Marriott Newton. There is no fee for the Symposium. Parking at the hotel is complimentary.
- Yes, I/we plan to stay for lunch. There is no fee for lunch, but attendees are invited to make voluntary contributions of \$25 to partially underwrite the cost for breaks and lunch.

CONTRIBUTIONS

- \$25 for lunch (optional)
- \$60 (includes one-year membership in MPCC)
- \$_____ Other amount

TOTAL \$_____

The Symposium is funded, in part, by sponsorships and educational grants. Registrants are invited to make voluntary contributions.

- ENCLOSED IS MY CHECK**
(Checks should be made payable to MPCC and mailed to the address above)

- PLEASE CHARGE MY:** MC VISA AMERICAN EXPRESS

Card #

Exp. Date

Print Name on Card

Signature

Gifts to the Massachusetts Prostate Cancer Coalition, a 501 (c)(3) public charity, may be tax deductible to the extent allowed by law. (MPCC Tax ID: 04-6946891)

**MASSACHUSETTS
PROSTATE CANCER
COALITION**