



Registration Form

To register please complete and return the registration form below:

Fax to: +44 (0) 1865 843958

Mail to: Janet Seabrook, Second World Congress of the International Academy of Oral Oncology (IAOO)
Elsevier Ltd, The Boulevard, Langford Lane, Kidlington, Oxford, OX5 1GB, UK

Please register me for the Second World Congress of the International Academy of Oral Oncology (IAOO)

Delegate Details	
Title:	
Family Name:	
First Name:	
Job Title:	
Organization:	
Address:	
Post Code / Zip Code:	
Country:	
Tel:	
Fax:	
Email:	
Special Access or Dietary Requirements:	

Please tick this box if you do not wish your name and affiliation to be included in the list of attendees given to delegates at the meeting.

Please tick this box if you do wish your email address to be given out to delegates of this conference, in the knowledge that it may be used by them for future 3rd party mailings.

Presenters should provide their abstract reference number in order to ensure that their material is included in the final program and abstract book: [e.g. IA000001] Ref: _____

Please send me information on exhibition and sponsorship opportunities at the congress

Registration Rates

Delegates should register by June 8, 2009 to avoid the late booking fee.

Delegate fee for the IAEO World Congress

- IAEO Members: US\$600.00
- Non Members: US\$720.00
- Residents/Nurses/Students: US\$350.00
- Fellows: US\$350.00

Delegate fee for the Supportive Care Seminar

- IAEO Members: US\$110.00
- Non Members: US\$137.00
- Residents/Nurses/Students: US\$60.00
- Fellows: US\$60.00

Combined registration for the IAEO World Congress and Supportive Care Seminar

- IAEO Members: US\$675.00
 - Non Members: US\$795.00
 - Residents/Nurses/Students: US\$375.00
 - Fellows: US\$375.00
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Late Booking Fee

- Late booking fee for congress and combined registrations after June 8, 2009: US\$100.00
- Late booking fee does not apply to registrations for the Supportive Care Seminar only.
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Instructional Courses

Please indicate which instructional courses you wish to attend. **Each course costs US\$30.**

Wednesday July 8, 2009

- 14:00 Course 1 Course 2 Course 3 Course 4
- 15:15 Course 5 Course 6 Course 7 Course 8
- 16:30 Course 9 Course 10 Course 11 Course 12

Saturday July 11, 2009

- 07:00 Course 13 Course 14 Course 15 Course 16
-

Payment Details

Total Payment Required US\$	
I wish to pay by BANK TRANSFER – Please tick <input type="checkbox"/>	
I wish to pay by CHEQUE and enclose a cheque payable to Elsevier Ltd – Please tick <input type="checkbox"/>	
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Card Number:	
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Today's Date:	
Name & Address of cardholder if different from above	
Name:	
Address:	

I confirm that all of the above information is correct and that I am the valid credit card holder or authorised to enter into this transaction on behalf of the individual identified above, who is the valid credit card holder.

Declaration (Please note that unsigned forms cannot be accepted)

I have read and agree to abide by the payment and cancellation terms, and I understand that this form confirms my conference booking. I accept that from now on charges will be imposed for cancelled registrations, and that up to the full registration fee will be payable if I am unable to attend the conference for any reason.

Signed: _____ Date: _____

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Fax Email Tel Post

If you *do* wish to receive special offers and promotions from carefully selected third party products and services that we feel may be of interest to you, please tick the appropriate boxes below:

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