

Kidney Cancer Association

16th INTERNATIONAL KIDNEY CANCER SYMPOSIUM (Event 15348) November 3-4, 2017

Presented by: The Kidney Cancer Association

GROUP REGISTRATION FORM

Contact Person First Name

Contact Last/Surname

Contact Title

Contact Organization/Hospital

Contact Address

City

State

Postal Code

Country

Contact Email

Registration Fee Category: check fee category below

Group Registration (10 or more)

Total # in Group

By Sep. 01st By Oct. 5th After Oct. 5th

\$500 USD

\$600 USD

\$700 USD

Provide the names and contact information for each person in your group on the following page.

Specialty

How did you hear about the Symposia?

Yes, my group will need invitation letters. *Letters will be sent to group managers email address.*

Yes, my group will attend the reception Friday evening Hosted by the Kidney Cancer Association

Payment Information: Full payment must accompany your registration. Check payment type below.

Check Enclosed. Make checks payable to **Northern Illinois University** (in USD). *Mail to:* Registration Office, University Outreach, DeKalb, IL 60115

Credit Card. Check card type: American Express Discover MasterCard Visa

Credit Card Number

Expiration Date

Billing Address: (Enter Name and Address EXACTLY as it appears on credit card statement)

Billing Name

Billing Address

Billing City

Billing State

Billing Postal Code

Billing Country

The charge to your credit card will appear on your statement as:

"NIU Outreach, DeKalb, IL"

Registration Questions? Email OutreachRegistration@NIU.edu Call 815-753-7922 Fax 815-753-6900

Cancellation Policy: No refunds will be issued for Group Registration. You may substitute participants at no additional cost.

Provide name and contact information for each person in your group.

GROUP NAME

Registrant 1 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 2 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 3 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 4 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 5 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 6 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 7 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Provide name and contact information for each person in your group.

GROUP NAME

Registrant 8 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 9 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 10 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 11 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 12 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 13 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 14 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Provide name and contact information for each person in your group.

GROUP NAME

Registrant 15 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 16 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 17 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 18 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 19 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 20 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 21 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Provide name and contact information for each person in your group.

GROUP NAME

Registrant 22 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 23 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 24 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 25 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 26 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 27 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 28 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Provide name and contact information for each person in your group.

GROUP NAME

Registrant 29 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 30 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 31 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 32 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 33 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 34 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country

Registrant 35 First Name and Surname

Credentials (MD, PhD, etc.)

Specialty

Email

Organization/Hospital

City, State & Country