

# Kidney ~~Cancer~~ Association

## 16th INTERNATIONAL KIDNEY CANCER SYMPOSIUM (Event 15348) November 3-4, 2017 National Doral National Miami, Miami Florida

Presented by: The Kidney Cancer Association

First Name

Last/Surname

Title

Organization/Hospital

Address

City

State

Postal Code

Country

**Registration Fee Category:** check appropriate fee category below

Physician, Healthcare and Industry Professional

Residents, Fellows and Nurses

**By Sept 01st**

\$375 USD

**By Oct. 5th**

\$700 USD

**After Oct. 5th**

\$800 USD

\$125 USD

\$350 USD

\$450 USD

Specialty

How did you hear about the Symposia?

Check if you will attend the reception Friday evening

Yes, I would like an invitation letter sent to me at the email address provided.

Email

**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:** Full refund if you cancel by October 5, 2016. After October 5, a \$125 fee will be charged. No refunds after October 15st. Requests must be submitted in writing via fax or email.