

ONCOLOGY MEETING ALERT

November 2008 • New York City, USA

The Greenspan Meeting



MOUNT SINAI SCHOOL OF MEDICINE

CHEMOTHERAPY FOUNDATION SYMPOSIUM XXVI INNOVATIVE CANCER THERAPY FOR TOMORROW

November 4-8, 2008

Marriott Marquis Hotel, New York City



The Chemotherapy Foundation

Multimodality Therapies in Diverse Neoplasms

Angiogenesis Inhibitors • Aromatase Inhibitors • Biotherapies • Bladder Cancer • Brain Tumors • Breast Cancer • Clinical Trials • Dose Scheduling • Epidermal Growth Factor Receptors • Genomics • GI Cancers • GU Cancers • Gynecological Cancers • Head & Neck Cancer • Hematology • Immunomodulatory Agents • Leukemias • Lung Cancers • Lymphomas • Malignant Melanoma • Multiple Myeloma • Myelodysplastic Syndromes • Neuro-Oncology • Ovarian Cancer • Polychemotherapy • Practice Issues • Prostate Cancer • Renal Cell Cancer • Sarcomas • Screening & Diagnosis • Supportive Care • Targeted Therapies • Vaccines

Pediatric Oncology November 4, 2008

Keynote Speaker November 5, 2008

Ezra M. Greenspan
Memorial Lecture
November 6, 2008

NEW PERSPECTIVES IN ONCOLOGY PRACTICE

November 8, 2008

Oncology Nurses, Nurse Practitioners, Physician Assistants, Case Managers, Pharmacists

Empowering the Clinical Care Team

Clinical Trials • End-of-Life Care • Integrative Medicine • Medication Safety • New Treatment Options • Pediatric Oncology • Screening • Survivor Concerns • Symptom Management • Transitions

An Accredited CME Activity

Contact Hours awarded separately for the Saturday Program.

Complimentary Breakfasts, Lunches, Dinners

www.chemotherapyfoundationsymposium.org

Information • On Line Registration • Symposium 2007 Archives • Watch for 2008 Programs
Register for the full Meeting or Tuesday Only, Saturday Only

Chemotherapy Foundation Symposium XXVI November 4-8, 2008

Registration Fees:

	Oncologists/ Hematologists	Pediatric Oncologists	Nurses PA's, NP's, CM's	House Staff, Fellows, Pharmacists, Industry
Symposium All Days*	<input type="checkbox"/> \$ 485	<input type="checkbox"/> \$ 485	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 150
Tuesday Only	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50
Saturday Only	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50
Mount Sinai and Affiliates	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 25

* Those registering for the full Symposium pay no additional fees for the Tuesday & Saturday sessions.

- PHYSICIAN
 NURSE
 NP
 PEDIATRIC ONCOLOGIST

- PA
 CM
 PHARMACIST

Name _____ Address _____
 Last Name First Name
 City _____ State _____ Zip _____ Country _____
 Tel: () _____ FAX: () _____ E-mail: _____ Email confirmation acceptable

Mail or Fax completed form to:

Page & William Black Post-Graduate School, Mount Sinai School of Medicine, Box 1193
One Gustave L. Levy Place, New York, New York, 10029. Fax: 212 731 7930. Tel: 212 731 7950.

On Line Registration at www.chemotherapyfoundationsymposium.org Cut off date October 30.

Payment Information:

VISA MasterCard AMERICAN EXPRESS Check* Amount \$ _____

Credit Card # _____ Exp. Date / / Signature _____

* Please make checks payable to Page & William Black Post-Graduate School

Telephone Registrations are not accepted.

For information contact: Jaelyn Silverman, Conference Management Director, Jaelyn.silverman@mssm.edu, Phone: 212 866-2813, FAX 212 369 5440

I have registered for Chemotherapy Foundation Symposium XXVI. Please make following reservations for me at conference rates:

NEW YORK MARRIOTT MARQUIS - Headquarters Hotel

1535 Broadway at 45 St., NY, NY 10036
TEL 212 704 8700 or 800 843 4898 FAX 212 704 8934

On-line Reserv.: www.nymarriottmarquis.com Grp Cd: (caccaca)

_____ Single(s) or _____ Double(s) at \$364 per night for _____ nights.

A 13.375% Sales Tax and \$3.50 per night Occupancy Tax is applicable to room rate.

Check in 4 PM. Check out 12 noon. A credit card or one night deposit is required to confirm a reservation. Late Reservations at Special Conference Rate are subject to availability.

Arrival date/time: _____ Departure date: _____

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Tel: () _____ FAX: () _____

E-mail _____ Non-smoking rooms only

VISA MasterCard AMERICAN EXPRESS DISCOVER Other _____

Credit card # _____

Exp. Date / / Signature _____

I have registered for Chemotherapy Foundation Symposium XXVI. Please make following reservations for me at conference rates:

MILLENNIUM HOTEL, NEW YORK BROADWAY

145 West 44 Street at Broadway, New York, NY 10036
TEL 800 622 5569, 212 768 4400, FAX 212 789 7688

_____ Single(s) or _____ Double(s) at \$360 per night for _____ nights.

A 13.375% Sales Tax and \$3.50 per night Occupancy Tax is applicable to room rate.

Check in 4 PM. Check out 12 noon. A credit card or one night deposit is required to confirm a reservation. Late Reservations at Special Conference Rate are subject to availability.

Arrival date/time: _____ Departure date: _____

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Tel: () _____ FAX: () _____

E-mail _____ Smoking Non-Smoking

VISA MasterCard AMERICAN EXPRESS DISCOVER Other _____

Credit card # _____

Exp. Date / / Signature _____

SYMPOSIUM REGISTRATION

ACCOMMODATION RESERVATIONS