

EXHIBITOR REGISTRATION FORM

2019 ROC Niagara

presented by Roswell Park Comprehensive Cancer Center and
the American Association of Medical Dosimetrists

September 5-7, 2019 /Conference & Event Center Niagara Falls

Registration: \$750 per table

Company Name: _____

Name of Representative(s) _____

(person(s) attending program): _____

Street Address: _____

City, State, Zip: _____

E-mail Address for ea. attendee: _____

Phone # for ea. attendee: _____

Make checks payable to:

Health Research, Inc.

Send to:

Denise Hammell, Education Office

Roswell Park Comprehensive Cancer Center

Elm & Carlton Sts.

Buffalo, NY 14263

Indicate if paying by check _____

If you would like to pay by credit card, please provide the following information:

_____MasterCard _____Visa _____Amex

Name: _____

(name as it appears on your card)

Account Number: _____ Expiration Date: _____

Verification Number: _____

Total:\$ _____

If the address associated with this card is different than the address listed under "Registration" above,
please provide address:

Address: _____

Name: _____ Date: _____

Typed signature with date indicates electronic verification of the information provided.

This form may be emailed to denise.hammell@roswellpark.org, Faxed to (716) 845-8178, or mailed to
the address above. Thank you.