

HEALTH DISPARITIES  
SYMPOSIUM ON CANCER  
*Addressing The Issues*

September 20-22, 2009  
Atlanta, Georgia

**REGISTRATION FORM**  
**(There is a \$125 non-refundable registration fee)**

Please **PRINT** clearly.

Name: \_\_\_\_\_  
(First) (Last)

Company/Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
(Include area code with telephone & fax)

Email: \_\_\_\_\_

Are you interested in receiving Continuing Education credits for the event?

Yes  No If yes, please specify: \_\_\_\_\_

Please list any ADA Special Needs: \_\_\_\_\_

Please send completed registration form and registration fee to:

Morehouse School of Medicine:  
ATTN: The National Black Leadership Initiative on Cancer III, SRO  
720 Westview Drive SW  
Atlanta, Georgia 30310  
Telephone: (800) 950-2045  
Fax: (404) 756-5298  
Email: tadimu@msm.edu

**There will be no on-site registration.**

**\*Registration forms must be received no later than August 18, 2009. Make all checks payable to the **NBLIC Southern Region**.**