

Registration Card

SEATING IS LIMITED, AND WE'RE EXPECTING A SELL-OUT!
RESERVATIONS WILL BE HELD ONLY UPON RECEIPT OF PAYMENT.

PLEASE RESERVE ____ SEAT(S) @ \$100 EA. \$ _____
(\$75 TAX DEDUCTIBLE)

PLEASE RESERVE ____ TABLE(S) FOR 8 @ \$1,500/TABLE \$ _____
(\$1,300 TAX DEDUCTIBLE)

TABLE SPONSORS WILL BE RECOGNIZED ON THE UNC LINEBERGER
WEBSITE AND WILL RECEIVE PRIORITY SEATING.

I CAN'T ATTEND BUT I WANT TO JOIN COACH IN THE FIGHT AGAINST
CANCER. PLEASE ACCEPT MY TAX-DEDUCTIBLE CONTRIBUTION OF \$ _____

NAME _____

TABLE SPONSOR NAME (IF APPLICABLE) _____

ADDRESS _____

PHONE _____

E-MAIL _____

MY CHECK MADE PAYABLE TO UNC LCCC FOR \$ _____ IS
ENCLOSED.

PLEASE CHARGE \$ _____ TO MY VISA MASTERCARD AMEx

ACCOUNT # _____

EXP. DATE _____

SIGNATURE _____

RETURN THIS REGISTRATION CARD WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE,
OR YOU MAY REGISTER ONLINE AT WWW.UNCLINEBERGER.ORG. TO EXPEDITE CHECK-IN
ON THE MORNING OF THE EVENT, PLEASE LIST THE NAMES OF ALL ATTENDEES ON THE
BACK OF THIS CARD.

PLEASE LIST ALL FAST BREAK BREAKFAST GUEST NAMES BELOW:

1. NAME: _____
2. NAME: _____
3. NAME: _____
4. NAME: _____
5. NAME: _____
6. NAME: _____
7. NAME: _____
8. NAME: _____

RETURN IN ENCLOSED ENVELOPE TO:

UNC LINEBERGER COMPREHENSIVE CANCER CENTER

CAMPUS BOX 7295

CHAPEL HILL, NC 27599-7295

919-966-5905, 919-966-8030 (FAX)

WWW.UNCLINEBERGER.ORG