



**Attendee Registration Form**  
**2009 National Carcinoid / NET Patient Conference**  
**New Orleans, LA**  
**September 24th to September 26th**

Please fill out one form for each attendee

\* indicates required info.

|                                      |         |             |                    |                     |
|--------------------------------------|---------|-------------|--------------------|---------------------|
| * First Name                         |         | * Last Name |                    | Job Title:          |
| * Name as it would appear on a badge |         |             |                    | Company or Org      |
| * Address Line 1                     |         |             | * Primary Phone #: |                     |
| * City                               | * State | * Zip       | Country            |                     |
| Cell Phone:                          |         | Fax:        |                    | Patient / Caregiver |
| * Email                              |         |             |                    | Diagnosis           |

**Registration options for morning sessions**

\* Please select one of the following for Friday, Sept 25, 2009 - 8:00 am - 11:30 am CT

Friday AM Option 1: Biomarkers / Pathology for Carcinoid & Islet Cell

Friday AM Option 2: Establishing the Basics: What Do You Really Need to Know?

\* Please select one of the following for Saturday, Sept 26, 2009- 8:00 am- 11:30 am CT

Saturday AM Option 1: Novel Treatments for NETs

Sat AM Option 2: Islet Cell & MEN I / II

|                                |   |   |                                    |
|--------------------------------|---|---|------------------------------------|
| * Payment                      |   | Conf. Registration Fee \$85.00 per person |                                    |
| <input type="checkbox"/>       | Check enclosed                                      | <input type="checkbox"/>                  | Multiple attendees attached        |
| <input type="checkbox"/>       | Credit Card Please enter billing information below: |   |                                    |
| Credit Card Type: (Circle One) |   | Visa                                      | M / C      Amex                    |
| * Credit Card Number:          | _____   |   | * Expiration Date: _____           |
| * Cardholder Name:             | _____   |   | * Security Code: _____             |
| * Billing Address:             | _____   |   | # of attendees this payment: _____ |
| * Billing City:                | State: _____  | Zip: _____                                | PAYMENT AMOUNT: \$ _____           |

Mail this form / make payments to: CCAN, Inc., 2480 Hull Ave, North Bellmore, NY 11710  
 516-781-7814

## About the Event

The 2009 National Carcinoid/NET Patient Conference is being held in the heart of the world renowned French Quarter in New Orleans, Louisiana September 24th - 26th. The host city is just a few miles from Ochsner's Neuroendocrine Tumor Program, an affiliation between Louisiana State University Health Science and Ochsner Medical Center - Kenner.

Topics that will be covered welcome an audience of all levels, including patients, family members and caretakers of patients, as well as physicians and other health professionals. Various speakers are scheduled for each session listed below. Please visit the Conference website for more information.

Session Titles:

- BIOMARKERS/PATHOLOGY FOR CARCINOID & ISLET CELL
- ESTABLISHING THE BASICS: WHAT DO YOU REALLY NEED TO KNOW?
- WHAT'S NEW IN NETS
- NOVEL TREATMENTS FOR NETS
- ISLET CELL & MEN I/II
- NUCLEAR MEDICINE SCANS, PRRT & OTHER RADIOACTIVE THERAPY

The Conference will kick-off with a Welcome Reception and Silent Auction on Thursday evening that you won't want to miss!

**Lodging Information:** You may book your room reservations directly with the Astor Crowne Plaza. Special room rate for conference: \$149 if you book by August 24, 2009, subject to availability. Call 1-888-233-9527. You MUST let them know you are with "The 2009 NET Conference" to get the special rate.

Visit the Conference website at [www.carcinoidawareness.org](http://www.carcinoidawareness.org) to view agenda and for online registration and hotel reservations.

**Refund Information:** If needed, refunds will be issued for the amount paid, less a \$10.00 processing fee, please call 516-781-7814.

**Enrollment is limited. Please register early!**

## **The Neuroendocrine Program**

at Ochsner Medical Center – Kenner specializes in the diagnosis and management of all forms of neuroendocrine tumors, of which carcinoid are the most common.

The program is an affiliation between **Louisiana State University Health Science Center** and **Ochsner Medical Center- Kenner.**

200 West Esplanade, Suite 200  
Kenner, LA 70065  
504-464-8500  
1-866-91-ZEBRA  
Fax 504-464-8525  
[www.ochsner.org/nets](http://www.ochsner.org/nets)

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### **CCAN INC**

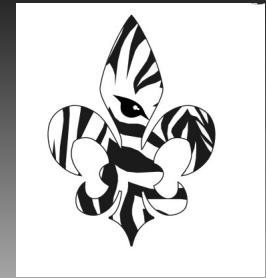
is a non – profit 501 (c) (3) Charity incorporated in 2004. Our Mission is to intensify awareness of Neuroendocrine Tumors & Carcinoid Cancer in both the medical community and general public locally and around the world. CCAN also assists patients and support groups by providing access to important information about the disease.

2480 Hull Ave  
North Bellmore, NY 11710  
516-781-7814  
[www.carcinoidawareness.org](http://www.carcinoidawareness.org)



**Carcinoid  
Cancer  
Awareness  
Network**

**CCAN, Inc.  
2480 Hull Avenue  
North Bellmore, NY 11710**



# **National Carcinoid / NET Patient Conference 2009**

**September 24<sup>th</sup> to 26<sup>th</sup>**

**Astor Crowne  
Plaza Hotel**

**New Orleans,  
La**

**presented by  
Ochsner Medical  
Center-Kenner &  
Carcinoid Cancer  
Awareness Network**