



## Annual Meeting and Dinner

- Reception and Poster Session at 5 p.m.
- Dinner seating promptly at 6 p.m.

### YOUR INFORMATION

First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Name of Institution (healthcare professionals only):  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Eve Phone \_\_\_\_\_  
 Email \_\_\_\_\_

*We do not sell or lend our mailing list. Your email will be used for BTS information only.*

### ADDITIONAL ATTENDEES

First Name(s)	Last Name(s)
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

*Please include a separate sheet with typed names if additional space is needed.*

Please note any **special needs** for yourself or members of your group: \_\_\_\_\_  
 \_\_\_\_\_

### PAYMENT

Payment in full must accompany this form.

I would like \_\_\_\_\_ ticket(s) @ \$35.00 per person \$ \_\_\_\_\_

*Optional:* Please accept my tax-deductible gift to the Brain Tumor Society \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Enclosed is my check payable to Brain Tumor Society for the **TOTAL** above.

Please charge my  Visa  Mastercard  AmEx

Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

*Questions? Call BTS at 800.770.TBTS (8287)*

Mail completed form and payment to:

**Brain Tumor Society**

124 Watertown Street - Suite 3H

Watertown, MA 02472

Forms with credit card information  
 may be faxed to 617.924.9998