

MDCSCO

MARYLAND/DISTRICT OF COLUMBIA
SOCIETY OF CLINICAL ONCOLOGY

2010 Corporate Membership Application

Name of Company _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____

Primary Contact _____

Phone _____ Fax _____

E-mail _____

Secondary Contact _____

Phone _____ Fax _____

Membership Level: (see Corporate Membership Program for Details)

Diamond -\$20,000 _____

Platinum - \$10,000 _____

Gold - \$5,000 _____

Contact us about the following additional opportunities.

Board Meeting Host _____

Meeting Host _____

Display Table _____

Product Theatre _____

_____ Check Enclosed

_____ Credit Card Account # _____

Exp. _____ Name on Card _____