

MEMORANDUM

TO: Participants

FROM: Tonya Brandenburg, CTR
Kentucky Cancer Registry

DATE: July 6, 2016

RE: 2016 Kentucky-Indiana Regional Cancer Registrar Meeting

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Attached is an agenda and registration form for the Regional Meeting, which will be held September 8-9, 2016 at Holiday Inn Louisville East, Louisville KY. This will be the first Kentucky-Indiana Regional Cancer Registrar Meeting presented by the Kentucky Cancer Registry, Indiana Cancer Registrars Association, and Indiana Cancer Consortium.

For those who will need overnight accommodations, we have reserved a block of rooms at the Holiday Inn at the rate of \$111.00 plus tax. The reservation link for booking your room online is:

<https://www.holidayinn.com/redirect?path=hd&brandCode=hi&localeCode=en®ionCode=1&hotelCode=sdfea&PMID=99801505&GPC=rke>. **The deadline for room reservations at this rate is August 24, 2016. Please make sure you mention that you will be attending the Kentucky-Indiana Regional Cancer Registrar Meeting to receive the special rate.**

THE DEADLINE FOR THE REGIONAL MEETING is also August 24, 2016. To reserve your place, please complete the attached registration form and mail it with a check payable to University of Kentucky - Kentucky Cancer Registry.

The Holiday Inn Louisville East is located at 1325 S. Hurstbourne Parkway, Louisville KY. We ask that you go to www.mapquest.com or other travel website of your choice to obtain driving directions.

If you need additional information regarding the workshop, please contact Barbara Bray at bbray@kcr.uky.edu or call 859-218-3192.

We hope you will be able to join us.

Attachments

Registration Form

The Kentucky-Indiana Regional Cancer Registrar Meeting will be held Thursday and Friday, September 8-9, 2016 at the Holiday Inn Louisville East, 1325 S. Hurstbourne Pkwy, Louisville KY.

The registration fee for the entire workshop is \$95.00. The fee includes continental breakfast on Thursday and Friday and lunch on Thursday.

Registration deadline is **August 24, 2016**. On-site registration at the event will NOT be available.

Cancellations received prior to September 1st will be refunded *less a \$25 processing fee*. Cancellation requests after September 1st are NON-REFUNDABLE, regardless of the reason, as we still incur fees associated with the meals and supplies for the event. However, you may substitute another individual to attend in your place should you not be able to attend – please contact our office immediately should this situation occur so our records can be updated accordingly.

Checks for the workshop should be made payable to **University of Kentucky - Kentucky Cancer Registry**.

~~ Continuing Education Credits will be requested from NCRA ~~

To register for the workshop, please complete this form. Please complete a separate registration form for each person attending from your facility

- I will attend the entire workshop (\$95.00) (*includes lunch on Thursday*)
 I will attend on Thursday only (\$75.00)
 I will attend on Friday only (\$35.00)

Name: _____
Title: _____
Facility: _____
Address: _____
Email address: _____
Phone No (best # to reach you) _____

Total amount enclosed \$ _____

The lunch on Thursday, September 8 will be in the Atrium 1 at the Holiday Inn

Please indicate if you have any special dietary needs Yes No
If yes, please specify: _____

Make check payable to **University of Kentucky - Kentucky Cancer Registry**
Please mail to:
Kentucky Cancer Registry
ATTN: Barbara Bray
2365 Harrodsburg Road, Suite A230
Lexington KY 40504-3381

Checks only, please
We do not accept credit cards, money orders, nor purchase orders