



# CanCare Convention Registration Form

Embassy Suites Houston • August 20-21, 2010

Please complete one registration form per person (you may copy additional forms) and return to:

CanCare, Inc.  
9575 Katy Freeway, Suite 428  
Houston, Texas 77024

<b>I am a:</b>		
<input type="checkbox"/> CanCare Survivor Volunteer	<input type="checkbox"/> CanCare Caregiver Volunteer	<input type="checkbox"/> Guest
<input type="checkbox"/> CanCare Board Member	<input type="checkbox"/> Community Partner	
<input type="checkbox"/> Guest / Survivor	<input type="checkbox"/> Guest / Caregiver	

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I will attend:**

Both Days of the Convention  Yes  No

Friday Reception and Dinner Only  Yes  No  
(Community Partners and Boards)

Saturday Continuing Education/Luncheon Only  Yes  No

**Saturday Breakout Sessions:** Please choose which session you would like to attend:

Who Cares about the Caregiver  Coping Skills for Volunteers

New Reasons to put our Hope in Research  Hospital Visitation 101

**Registration Fee:** Registration fee is \$20 *per person* for each individual day or \$35 *per person* for both days. Please reply by Aug 6, 2010. After this date, please contact the CanCare office for registration details.

**Please make checks payable to CanCare, Inc. If you are paying by credit card, check one:**

VISA  MasterCard  American Express  Other

Total amount to be charged: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**Those paying by credit card may fax the registration form to 713-461-0704  
(An authorized signature must accompany the form)**