



## 2017 REGISTRATION FORM

| <u>REGISTRATION FEES</u>                  | <u>PRE-REGISTER BEFORE 11/16/17</u> | <u>ONSITE REGISTRATION 11/18/17</u> |
|---|-------------------------------------|-------------------------------------|
| <b>ADULT</b>                              | \$25.00                             | \$30.00                             |
| <b>STUDENT (ages 13-21)</b>               | \$15.00                             | \$15.00                             |
| <b>CHILD (4-12)(3 &amp; under free)</b>   | \$5.00                              | \$5.00                              |
| <b>PANCREATIC CANCER SURVIVOR/PATIENT</b> | \$0.00                              | \$0.00                              |

*Please Print Clearly (Kindly indicate zeros in your email address with a line through them.)*

Your Name: \_\_\_\_\_

I am a pancreatic cancer survivor

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please add me to your mailing list.

**Order form:**

Total # Adults @ \$25.00 each: \_\_\_\_\_ X \$25= \_\_\_\_\_

Total #Students @ \$15.00 each: \_\_\_\_\_ X \$15= \_\_\_\_\_

Total # Children @ \$5.00 each: \_\_\_\_\_ X \$5= \_\_\_\_\_

Total # Pancreatic Cancer Survivors/Patients \_\_\_\_\_ X \$0= \_\_\_\_\_

Total # Children 3 & under @ \$0.00 each: \_\_\_\_\_ X \$0= \_\_\_\_\_

Additional Donation (optional) \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ cash or check (circle one)

Check Number: \_\_\_\_\_

**Make Check Payable To: Pancreatic Cancer Association of WNY**  
Please write "ICI" in the check memo

Mail completed form and check to:  
PCAWNY, PO Box 24580. Rochester, NY 14624-0580

Email us at: [info@pcawny.org](mailto:info@pcawny.org) For more information visit: [www.pcawny.org](http://www.pcawny.org)