



# Rochester National Cancer Survivors Day Registration

**Instructions:** Complete the form and submit to [canceredprog@mayo.edu](mailto:canceredprog@mayo.edu) via email button in the lower right-hand corner.

Mayo Clinic Number (if known)		Survivor Name <i>(Legal First, Middle, Last)</i>	
Is the survivor under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address			
City		State	Zip Code
Email (for registration confirmation)		Phone	
Guest 1 (free admission) Name		Is this guest a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this guest under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guest 2 (free admission) Name		Is this guest a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this guest under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Guest (\$5 charge per person) Name		Is this guest a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this guest under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Guest (\$5 charge per person) Name		Is this guest a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this guest under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Guest (\$5 charge per person) Name		Is this guest a cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this guest under the age of 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please mail payment for additional guests to:</b> NCSD Registrar Cancer Education Program, GoLo 334 Mayo Clinic Cancer Center 200 First Street SW Rochester, MN 55905		Check made payable to: Mayo Clinic Cancer Education Program	