

Facility Description

This information will appear on your Internet Listing

Please provide a description of your facility. (I.e., practice setting, ownership, services provided, staff) The description you provide will be included on your Internet listing. You may attach or e-mail copy if more space is needed.

Membership Networking

Would you be willing to prepare an article or be interviewed and have our writer prepare an article about your breast center or its programs to be included in a future copy of the NCBC newsletter, the *Breast Center Bulletin*? **Yes** **No**

Payment Options

Dues Payment Schedule:

-- Membership is good for one year from date of payment. (If you become a member May 20th 2014 it will expire May 20th 2015)

-- Annual dues are \$600 with the benefits listed below.

- Facility membership group rate discount of 10% off registration to our annual conference with coupon code limit up to five staff members.
- Our 24 hour direct connect information exchange for all members to get questions answered.
- Our #1 benefit, and probably most important, is our Breast Center of Excellence certification thru NQMBC, which also includes a National Quality data collection for the facility.
- For your staff, we offer the most comprehensive NEXT level Certifications for Navigator, CBE, and BSE in the industry in regards to multidisciplinary care.
- New this year is the Blog, we are creating a community for our members to come together doctors, surgeons, nurses, technologists and industry businesses, just to name a few.
- The highly acclaimed NCoBC Conference is a phenomenal experience for your whole team and now includes:
 1. An average of 80 world renowned speakers
 2. Close to 100 breast industry exhibitors with the most advanced technology and software to date.
 3. The Best Valued Education out there with around 40 CEU's available per conference.
- Finally, you will receive an NCBC Membership Certificate to display in your office.

Your Two Membership Certificates will contain one with your facility name only and the other with both your name and the name of your facility

Visa, MasterCard, Discover or American Express

Card Number _____

Exp. Date _____

CVV2#: _____

Name as it appears on card _____

Charge amount authorized \$ _____

Signature _____

Date of Application _____