

Non-UPMC Employee Registration Form

Introduction to Oncology for the Healthcare Provider

Class time is from approximately 8:00 am to 4:00 pm. Exact time and location of classes will be provided in a confirmation letter sent one week prior to class. Complete course information is available on our website:

<http://www.upmccancercenter.com/professionalEducation/courses.cfm>

Please type or print; submit individual registration forms for **each** registrant

Name with Credentials: _____

Email Address: _____ Telephone Number: _____

Hospital/Agency Affiliation: _____ Department Name: _____

Manager's Name: _____ Manager's Email Address: _____

Class date for which you are registering:

- | | | |
|-------------------------|------------------------|---------------------|
| _____ July 7, 2022 | _____ November 3, 2022 | _____ March 2, 2023 |
| _____ August 4, 2022 | _____ December 1, 2022 | _____ April 6, 2023 |
| _____ September 1, 2022 | _____ January 5, 2023 | _____ May 4, 2023 |
| _____ October 6, 2022 | _____ February 2, 2023 | _____ June 1, 2023 |

Cancellation Policy:

- If you cannot attend any class/course for any reason, you need to directly notify the course registrar by calling 412-623-3651 and leaving a voicemail message or emailing Amy DiMaggio at dimaggioa@upmc.edu. For class cancellations, an announcement will be available at 412-623-3651 and an email will be sent to class attendees.

Payment is due on the first day of class. Payment may be made by check made payable to University of Pittsburgh of the Commonwealth System of Higher Education or credit card. Please indicate payment type below; if sending a check, please indicate in memo section for which class you are submitting funds:

Check One: _____ UPMC and UPMC Affiliate – Tuition Waived _____ Non-UPMC Affiliate Pricing
 Attendance: Check One _____ \$50 Live _____ \$25 Virtual

Check _____ _____ **Credit Card - provide credit card information below:**
 Name of Cardholder: _____
 Credit Card Number: _____
 CVD (number on back of card): _____
 Expiration Date: _____ Billing Zip Code: _____

Please e-mail, fax, or mail registration and payment to:

Amy DiMaggio, Professional & Patient Education
 UPMC Cancer Pavilion, POB 2 Suite 1B.1 Room 107
 5150 Centre Avenue, Pittsburgh, PA 15232
 Phone: 412-623-3651
 Fax: 412-623-3650
 Email: dimaggioa@upmc.edu

**Please email course director once registration form is submitted to confirm course enrollment.*