

Non-UPMC Employee Registration Form

Foundations to Practice Series and Antineoplastic Therapy and Immunotherapy Course

Classes start promptly at 8:00 a.m. and last until approximately 4:30 p.m. Exact location of classes and class schedule 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(es) for which you are registering:

Foundations to Practice (FTP) Series: Series of Five Classes-Winter			All 5 Classes: ___ Virtual \$150
___	Pathophysiology of Cancer, Cancer Treatment Modalities, and the Immune System	January 3, 2024	___ Virtual: \$40
___	Overview of Solid Tumors	January 10, 2024	___ Virtual: \$40
___	Symptom Management of Patients with Cancer	January 17, 2024	___ Virtual: \$40
___	Oncology Emergencies and Advanced Cancer Care Issues	January 24, 2024	___ Virtual: \$40
___	Hematological Malignancies	January 31, 2024	___ Virtual: \$40
Antineoplastic Therapy and Immunotherapy Course			
___	Antineoplastic Therapy and Immunotherapy Course	Day 1 – February 7, 2024 Day 2 – February 14, 2024 Day 3 – February 21, 2024 Day 4 – February 28, 2024 Test date: March 14, 2024	___ Virtual: \$150

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 email 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.

Check One: _____ **UPMC/ UPMC Affiliate – Tuition waived** _____ **Non-UPMC Affiliate – Total Fee: \$ _____**

Payment Method: **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: _____

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.

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

Amy DiMaggio, Professional & Patient Education
 UPMC Cancer Pavilion, 5150 Centre Avenue, POB 2 Suite 1B.1 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.*