

**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, Fall Offering			All 5 Classes: ___ Virtual \$150
___	Pathophysiology of Cancer, Cancer Treatment Modalities, and the Immune System	September 4, 2024	___ Virtual: \$40
___	Overview of Solid Tumors	September 11, 2024	___ Virtual: \$40
___	Symptom Management of Patients with Cancer	September 18, 2024	___ Virtual: \$40
___	Oncology Emergencies and Advanced Cancer Care Issues	September 25, 2024	___ Virtual: \$40
___	Hematological Malignancies	October 2, 2024	___ Virtual: \$40
Antineoplastic Therapy and Immunotherapy Course			
___	Antineoplastic Therapy and Immunotherapy Course	Day 1 – October 9, 2024 Day 2 – October 16, 2024 Day 3 – October 23, 2024 Day 4 – October 30, 2024 Test date: November 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](mailto: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 and Patient Education UPMC Cancer Pavilion, POB 2, Suite 1B.1  
 5150 Centre Avenue Pittsburgh, PA 15232  
 Phone: 412-623-3651 Fax: 412-623-4084 Email: [dimaggioa@upmc.edu](mailto:dimaggioa@upmc.edu)

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