

Non-UPMC Employee Registration Form

Stem Cell Transplant Course November 6 and November 13, 2024

Complete Course Information is available on our website at: 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 time is from approximately 8:00 am	n to 4:30 pm.
Exact time and location of classes will be	provided in a confirmation letter sent one week prior to class.
eave a voicemail message, or by emailing	reason, you need to directly notify the course registrar by calling 412-623-3671 and Brittni Prosdocimo at bittnerb@upmc.edu . will be available at 412-623-3671 and an email will be sent to class attendees. Affiliate – Tuition Waived
	e Pricing – Attendance: \$75 Virtual
Check Credit C CVD (nu Expiration	ard Number: umber on back of card): on Date:
Billing Zi	ip Code:

Payment is due on the first day of class. Please make check payable to *University of Pittsburgh of the Commonwealth System of Higher Education* and send it with this form to the address below. Payment will not be processed until the first-class date.

Please email registration and send payment to:

Brittni Prosdocimo, Professional & Patient Education UPMC Cancer Pavilion, POB 2 Suite 1B.1, Room 109 5150 Centre Avenue, Pittsburgh, PA 15232

Fax: 412-623-3650 E-mail: bittnerb@upmc.edu

Telephone: 412-623-3671

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