

Non-UPMC Employee Registration Form

*Stem Cell Transplant Course
May 3 and May 10, 2025*

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 to 4:30 pm.

Exact time and location of classes will be provided in a confirmation letter sent one week prior to class.

Cancellation Policy:

If you cannot attend any class day for any reason, you need to directly notify the course registrar by calling 412-623-3671 and leave a voicemail message, or by emailing Brittini Prosdocimo at bittnerb@upmc.edu.
For class cancellations, an announcement will be available at 412-623-3671 and an email will be sent to class attendees.

Check One: _____ UPMC and UPMC Affiliate – Tuition Waived
_____ Non-UPMC Affiliate Pricing – Attendance: _____ \$75 Virtual

_____ **Check** _____ **Credit Card - provide credit card information below:**

Credit Card Number: _____

CVD (number on back of card): _____

Expiration Date: _____

Name: _____

Billing Zip 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:

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

Telephone: 412-623-3671
Fax: 412-623-3650
E-mail: bittnerb@upmc.edu

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