

Non-UPMC Employee Registration Form

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 via email one week prior to class. Complete course information is available on our website: Education & Training Opportunities | UPMC Hillman Cancer Center

Please	type or print. Submit individual registration forms	<u>for each</u> registrant.		
Name v	vith Credentials:			
Email A	ddress:	Telephone Number:	Telephone Number:	
Hospita	I/Agency Affiliation:	Department Name:		
Manager's Name:		Manager's Email Address:		
	or which you are registering:			
Antine	oplastic Therapy and Immunotherapy Course Sui	mmer Course 2025		
	Antineoplastic Therapy and Immunotherapy Course	Day 1 – August 20, 2025 Day 2 – August 22, 2025 Day 3 – August 27, 2025 Day 4 – August 29, 2025 Test date-September 5, 2025	Virtual: \$150.00	
• If y	ellation Policy: you cannot attend any class/course for any reason ller at kimballmk2@upmc.edu or class cancellations, an announcement will be se		registrar by emailing Maura	
Check	One: UPMC/UPMC Affiliate – Tuition wais	ved Non-UPMC Affiliate – Total	Fee: \$	
Payment Method: Check		Name of Cardholder: Credit Card Number: CVD (number on back of card): _	Credit Card - provide credit card information below: Name of Cardholder: Credit Card Number: CVD (number on back of card): Expiration Date: Billing Zip Code:	
by che	ent is due and processed on the first day of cl eck or credit card. Please indicate payment typ n for which class you are submitting funds.			
M: UI	e email, fax, or mail registration and payment to aura Miller, Professional & Patient Education PMC Cancer Pavilion, POB 2 If floor, Suite 1B.1	Telephone: 412-623-4569 Fax: 412-623-4084		

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

5150 Centre Avenue, Pittsburgh, PA 15232