

**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 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 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 3, 2025	__ Virtual: \$40
____	Overview of Solid Tumors	September 10, 2025	__ Virtual: \$40
____	Symptom Management of Patients with Cancer	September 17, 2025	__ Virtual: \$40
____	Oncology Emergencies and Advanced Cancer Care Issues	September 24, 2025	__ Virtual: \$40
____	Hematological Malignancies	October 1, 2025	__ Virtual: \$40
Antineoplastic Therapy and Immunotherapy Course			
____	Antineoplastic Therapy and Immunotherapy Course	Day 1 – October 8, 2025 Day 2 – October 15, 2025 Day 3 – October 22, 2025 Day 4 – October 29, 2025 Test date: November 7, 2025	__ Virtual \$150

**Cancellation Policy:**

If you cannot attend any class/course for any reason, you need to directly notify the course registrar by emailing Amy DiMaggio at [dimaggioa@upmc.edu](mailto:dimaggioa@upmc.edu). For class cancellations, an announcement will be sent via email 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 and processed on the first day of class. Payment may be made payable to University of Pittsburgh by check or credit card. Please indicate payment type above; if sending a check, please indicate in memo section for which class you are submitting funds.**

**Please email, 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.*