

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, Winter Offering			All 5 Classes: ____ Virtual \$150
____	Pathophysiology of Cancer, Cancer Treatment Modalities, and the Immune System	January 7, 2026	____ Virtual: \$40
____	Overview of Solid Tumors	January 14, 2026	____ Virtual: \$40
____	Symptom Management of Patients with Cancer	January 21, 2026	____ Virtual: \$40
____	Oncology Emergencies and Advanced Cancer Care Issues	January 28, 2026	____ Virtual: \$40
____	Hematological Malignancies	February 4, 2026	____ Virtual: \$40
Antineoplastic Therapy and Immunotherapy Course			
____	Antineoplastic Therapy and Immunotherapy Course	Day 1 – February 11, 2026 Day 2 – February 18, 2026 Day 3 – February 25, 2026 Day 4 – March 4, 2026 Test date: March 13, 2026	____ 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. 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 & Patient Education
 UPMC Cancer Pavilion, 5150 Centre Avenue, POB 2 Suite 1B.1 Pittsburgh, PA 15232
 Phone: 412-623-3651 Fax: 412-623-4084 Email: dimaggioa@upmc.edu

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