

Non-UPMC Employee Registration Form

*Stem Cell Transplant Course
November 12, and November 19, 2025*

Complete Course Information is available on our website at:
[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 time is from approximately 8:00 am to 4:30 pm. Exact time and location of classes will be provided via email 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 412-623-3661 and leave a voicemail message, or by emailing Lynne O'Connor at oconnorlj@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: _____ \$75

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 the memo section for which class you are submitting funds.

Please email, fax, or mail registration and payment to:

Lynne O'Connor, Professional & Patient Education
UPMC Cancer Pavilion, POB 2
Suite 1B.1, Room 109
5150 Centre Avenue, Pittsburgh, PA 15232

Telephone: 412-623-3661
Fax: 412-623-4084
E-mail: oconnorlj@upmc.edu

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