

## Non-UPMC Employee Registration Form

Foundations to Practice Series & Comprehensive Chemotherapy and Biological Therapies 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 in a confirmation letter sent one week prior to class. Complete course information is available on our website: <a href="http://www.upmccancercenter.com/professionalEducation/courses.cfm">http://www.upmccancercenter.com/professionalEducation/courses.cfm</a>

	Please type or print. Submit inc	dividual registration forms for <u>each</u> registra	nt.
Name wi	ith Credentials:		
Email Ac	ddress:	Telephone Number:	
Hospital/Agency Affiliation:		Department Name:	
Manageı	r's Name:	Manager's Email Address:	
Class(es	s) for which you are registering:		
Foundations to Practice (FTP) Series: Series of Five Classes			All 5 Classes: Live \$300 Virtual \$150
	Pathophysiology of Cancer, Cancer Treatment Modalities, and the Immune System	March 7, 2022	Live: \$80Virtual: \$40
	Overview of Solid Tumors	March 14, 2022	Live: \$80Virtual: \$40
	Symptom Management of Patients with Cancer	March 21, 2022	Live: \$80Virtual: \$40
	Oncology Emergencies and Advanced Cancer Care Issues	March 30, 2022	Live: \$80Virtual: \$40
	Hematological Malignancies	April 4, 2022	Live: \$80Virtual: \$40
Comprehensive Chemotherapy and Biological Therapies Course			If taken with FTP: Live \$300 Virtual \$150
	Comprehensive Chemotherapy and Biological Therapies Course	Day 1 – April 11, 2022 Day 2 – April 18, 2022 Day 3 – April 25, 2022 Day 4 – May 2, 2022 Test date: May 16, 2021	Live \$300 Virtual \$150
• If y	llation Policy: you cannot attend any class/course for any reason, you aving a voicemail message or emailing Becky McClellan available at 412-623-3661 and an email will be sent to	nd at <u>mcclellandr2@upmc.edu</u> . For class car	by calling 412-623-3661 and ncellations, an announcement wi
Commo	nt is due on the first day of class. Payment may be nonwealth System of Higher Education or credit card. Plesection for which class you are submitting funds:		
Check	One: UPMC/ UPMC Affiliate – Tuition wai	ived Non-UPMC Af	filiate – 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:	
Be	e-mail, fax, or mail registration and payment to: ecky McClelland, Professional & Patient Education PMC Cancer Pavilion, 5150 Centre Avenue, POB 2 Suit		Z.iiiig Zip 0000.

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

Phone: 412-623-3661 Fax: 412-623-3650 Email: mcclellandr2@upmc.edu