Non-UPMC Employee Registration Form

Stem Cell Transplant Course
November 8, 2019 & November 15, 2019

Complete Course Information is available on our website at:
http://www.upmccancercenter.com/professionalEducation/courses.cfm

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 in a confirmation letter sent 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 412-623-3671 and leaving a voicemail message or by emailing Brittni Prosdocimo at bittnerb@upmc.edu.
• For class cancellations, an announcement will be available at 412-623-3671 and an email will be sent to class attendees.

Check One: _______ UPMC and UPMC Affiliate – Tuition Waived
            _______ Non-UPMC Affiliate – $150 Fee

Payment is due on the first day of class. Please make check payable to University of Pittsburgh of the Commonwealth System of Higher Education and send it with this form to the address below. Checks will not be processed until the first class date.

Please email registration and send payment to:
Brittni Prosdocimo, Professional & Patient Education                 Telephone: 412-623-3671
UPMC Cancer Pavilion, POB 2                                     Fax: 412-623-3650
Room 349, Suite 3B                                             E-mail: bittnerb@upmc.edu
5150 Centre Avenue, Pittsburgh, PA 15232