

2017 Registration Form

18th Annual Practical Applications of New Agents in Oncology

February 3, 2017 CTRC, Mabee Conference Room, 4th Floor, 7979 Wurzbach Road, San Antonio, TX 78229

February 4, Greehey Children's Cancer Research Institute, 8403 Floyd Curl Drive, San Antonio, TX 78229

PLEASE PRINT

Name: _____

Credentials: MD/DO PA Nurse Student PhD PharmD Other _____

Specialty: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Daytime Telephone: _____

Fax: _____

REGISTRATION FEES

- | | | | |
|---|------|---|-------|
| <input type="checkbox"/> Student | \$15 | <input type="checkbox"/> Other healthcare professionals
(this includes pharmacy technicians) | \$50 |
| <input type="checkbox"/> Fellows, Residents,
Post-doc PhD in training* | \$25 | <input type="checkbox"/> Nurses | \$75 |
| <input type="checkbox"/> UTHSCSA & SAMMC Faculty & Staff**\$50 | | <input type="checkbox"/> Physicians, PA's, Pharmacists | \$125 |
| | | <input type="checkbox"/> Industry | \$325 |

* With letter of verification from Program Director.

** Valid ID required with registration.

Yes No I will attend the Meet the Professor Reception, Friday, February 3, @ 6:00 pm, CTRC, 7979 Wurzbach Road, San Antonio, TX, Mabee Conference Room, 4th Floor, Grossman Building

Registration fee includes meeting materials, Meet the Professor Reception, Continental Breakfast, Lunch and Breaks.

Do you have special requirements? No Yes _____

REGISTRATION METHODS

1. Online: <http://NewAgents.org>
2. Mail: include the enclosed registration form with your check or credit card information. Mail to UTHSCSA – Continuing Medical Education, 7703 Floyd Curl Drive, MSC – 7980, San Antonio, TX 78229-3900
3. Fax: include the enclosed registration form with your credit card information and fax to 210-562-5579

Registration Deadline: January 31, 2017

PAYMENT TYPE (Please check appropriate box):

Check Enclosed – Payable to “UTHSCSA Continuing Medical Education - # 160854

Credit Card Please charge \$ _____ to:

VISA Master Card Discover American Express

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Cancellations: If you must cancel, your registration will be refunded less a 20% administrative fee, provided notice is received by January 31, 2017. The UTHSCSA Office of Continuing Medical Education reserves the right to limit enrollment or cancel any course no less than a week prior to the start date of the course. Should circumstances make this necessary, registration will be refunded in full. The UTHSCSA office of Continuing Medical Education is not responsible for transportation or lodging costs.