

2014 Registration Form  
15<sup>th</sup> Annual Practical Applications of New Agents in Oncology  
February 7-8, 2014



February 7, CTRC, Mabee Conference Room, 4th Floor, 7979 Wurzbach Road, San Antonio, TX 78229  
February 8, Greehey Children's Cancer Research Institute, 8403 Floyd Curl Drive, San Antonio, TX 78229

**PLEASE PRINT**

Name: \_\_\_\_\_  
Credentials:  MD/DO  PA  Nurse  Student  PhD  Pharmacy Tech  Other \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**REGISTRATION FEES**

- |   |      |  |       |
|---|------|--|-------|
| <input type="checkbox"/> Student  | \$15 | <input type="checkbox"/> Pharmacy Technicians          | \$50  |
| <input type="checkbox"/> Fellows, Residents,<br>Post-doc PhD in training* | \$25 | <input type="checkbox"/> Nurses                        | \$100 |
| <input type="checkbox"/> UTHSCSA & SAMMC Faculty & Staff**\$50            |      | <input type="checkbox"/> Physicians, PA's, Pharmacists | \$225 |
|   |      | <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 7, 6:30 pm, CTRC, 7979 Wurzbach Road, San Antonio, TX, Mabee Conference Room, 4<sup>th</sup> 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://cme.uthscsa.edu/panao2014.asp>
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: February 3, 2014**

**PAYMENT TYPE (Please check appropriate box):**

- Check Enclosed – Payable to “UTHSCSA Continuing Medical Education - # 154132
- 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 February 1, 2014. 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.