

34th Annual Chemotherapy Foundation SYMPOSIUM

*Innovative Cancer Therapy
for Tomorrow®*

CME/CE-CERTIFIED ACTIVITY

November 9-11, 2016
New York Marriott Marquis

Program Co-Chairs: **Edward Ambinder, MD, Benjamin P. Levy, MD and Franco Muggia, MD**

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REGISTRATION: (ALL FIELDS REQUIRED)

34th Annual Chemotherapy Foundation Symposium: Innovative Cancer Therapy for Tomorrow®

First Name _____ Middle Initial _____

Last Name _____ Degree(s) _____

☐ Physician ☐ Fellow ☐ PA-C ☐ Nurse ☐ NP ☐ Pharmacist ☐ Other _____ ☐ Nursing license # _____

Are you employed by a for-profit organization, including biotech, financial, and pharmaceutical, defined as "Industry" by PER®?

☐ Yes ☐ No

Address type: ☐ Home ☐ Hospital ☐ Office

Mailing Address _____

City _____ Prov/State _____

Country _____ Postal/Zip Code _____

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Phone type: ☐ Home ☐ Mobile ☐ Work

Phone _____ Fax _____

Specialty _____ Birth Date (MM/DD/YYYY) _____

Institute/Organization _____

Practice Setting

- ☐ Academic medical center/
university ☐ Pharmacy
- ☐ Community hospital ☐ In training (fellow, resident,
student)
- ☐ Office-based practice ☐ Pharmaceutical/biotechnology
company
- ☐ Government agency ☐ Cancer Center
- ☐ Laboratory/basic research ☐ Other

What is your principal activity?

- ☐ Patient care ☐ Clinical research ☐ Teaching/training
- ☐ Administrative ☐ Other

Preferred educational format:

- ☐ Live ☐ Online ☐ Print

Preferred methods of communication:

- ☐ Phone ☐ Mail ☐ E-mail

Would you like to participate in CME surveys? ☐ Yes ☐ No

How many cancer patients do you treat each month? _____

Years practicing medicine _____

Would you like to enroll in the **PER Point System**? ☐ Yes ☐ No

NOVEMBER 9-11, 2016	Advance	On-Site	*FELLOWS registration must be accompanied by a letter from your director/chair stating current fellowship for discount. Cannot be combined with other discounts/coupon codes. **INDUSTRY is defined by PER® as any person employed by a for-profit organization, including biotech, financial, and pharmaceutical. For registration assistance, please email info@gotoper.com, or call (888) 949-0045 or (609) 378-3701. A cancellation fee of 25% will be assessed on refunds requested through and including September 27, 2016, and a 50% fee on refunds requested on September 28, 2016, through October 25, 2016. No refunds will be made after October 25, 2016. There is no charge for substitution. <u>Substitutions can only be applied to the same conference and only two substitutions will be honored.</u>
Physicians	\$549	\$649	
Nurses, PAs, Other HCPs	\$179	\$279	
Fellows*	\$179	\$279	
Industry**	\$699	\$799	
Mt Sinai Rate	\$99	\$199	

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Registration includes continental breakfasts and breaks.