# 1st Annual European Congress on Hematology™: Focus on Lymphoid Malignancies

## *Paris Lymphoma™*

CME-CERTIFIED ACTIVITY

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An application has been made to the EACCME® for CME accreditation of this event.

## 4-5 November 2016

**Hyatt Regency Paris Étoile • Paris, France**

Program Co-Chairs:

**Anas Younes, MD**
Professor and Chief, Lymphoma Service
Division of Hematologic Oncology
Memorial Sloan Kettering Cancer Center
New York, New York, USA

**Gilles A. Salles, MD, PhD**
University Professor
Department Head
Université Claude Bernard Lyon- 1
Hospices Civils de Lyon
Lyon, France

**To find out more or to register online, visit: gotoper.com**

## REGISTRATION:

*1ST ANNUAL* **European Congress on Hematology™: Focus on Lymphoid Malignancies**

**(ALL FIELDS REQUIRED**

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 _____

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Country _____ Postal/Zip Code _____

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Phone type: ❑ Home ❑ Mobile ❑ Work

Phone _____ Fax _____

Specialty_____ Birth Date (MM/DD/YYYY) _____

Institute/Organization_____

| Please check the appropriate category: | PRIOR TO 1 OCT. 2016 | 1 OCT. - 3 NOV. 2016 | ON-SITE |
|---|---|---|---|
| ❑ Physicians | EUR €199 | EUR €299 | EUR €349 |
| ❑ Nurses, PAs, Other | EUR €149 | EUR €199 | EUR €249 |
| ❑ Fellows/Residents* | EUR €149 | EUR €199 | EUR €249 |
| ❑ Industry** | EUR €499 | EUR €499 | EUR €599 |

*FELLOWS registration must be accompanied by a letter from your director/chair stating current fellowship for discount.
**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 +1 (609) 378-3701 between 9:00 and 5:00 pm US EDT.

A cancellation fee of 25% will be assessed on refunds requested prior to **22 September 2016**, and a 50% fee on refunds requested on **23 September 2016**, through **20 October 2016**. No refunds will be made after **20 October 2016**. There is no charge for substitution. Substitutions can only be applied to the same conference and only two substitutions will be honored.

Payment can be made by: ❑ Check ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

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**Practice Setting**

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

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Registration includes continental breakfast, breaks, lunch and e-syllabus materials.*