

**CONTACT INFORMATION****INSTITUTION**

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Department

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Street Address

City

State/Foreign Country

Zip or Mail Code

**ATTENDEE**

First Name

Last Name

Email (*Confirmation and additional information will be emailed to you.*)

Cell Phone

Office Phone

Are you a Physician?    Yes    No

Highest Certification for Name Badge (i.e.: LMSW)?

**PAYMENT INFORMATION****\$250 Registration Fee**

*Payment must be included with your registration form for your registration to be processed. All payments must be received by April 2, 2021.*

I am paying by check (*make payable to The University of Texas MD Anderson Cancer Center*).

*Send the completed registration form and check to:*

Ms. Veronica Reyes

The University of Texas MD Anderson Cancer Center

Department of Palliative, Rehabilitation and Integrative Medicine

1515 Holcombe Blvd.

Unit 0016

Houston, TX 77030

I am paying by Credit Card.

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*By submitting this Workshop Registration form, I authorize The University of Texas MD Anderson Cancer Center, Treasury Services department to charge the above referenced credit card in the amount of \$250.00 USD.*

***Email completed registration forms to [IntegrativeMed@mdanderson.org](mailto:IntegrativeMed@mdanderson.org)***