

CONFERENCE REGISTRATION- 176700/30/121583/41  
**2ND SYMPOSIUM OF CRITICAL CARE IN CANCER PATIENTS**  
 May 29 - June 1, 2019

Last Name		First	MI	Highest Degree
Department (include unit no.)		Specialty		
Institution				
MD Anderson Employee ID No. (required for all MDACC employees):		Physician <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street				
City		State/Foreign Country/Zip or Mail Code		
Daytime Phone (with area code)		Cell Phone (with area code)	Fax (with area code)	
E-mail Address (please print)				
Emergency Contact		Phone (with area code)		
Credit Card Holder Name (First/Last)			Charge the following: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	
Credit Card Number			Expiration Date	
Security Code/CVV/CSV	Credit Card Holder Billing Address & ZIP Code			
MD Anderson Interdepartmental Transfer (IDT) No.: <b>*Fund Group 90 will not be accepted</b>				
Business Unit	Department	Fund Group*	Fund	Fund Type
<b>Authorized Signature REQUIRED for CREDIT CARD or IDT</b>		IDT Approver Name (First/Last) please print		

THIS IS NOT A SELF-MAILER - Address to:  
**2nd Symposium of Critical Care in Cancer Patients**  
**May 29-June 1, 2019**  
 Department of CME/Conference Management – Unit 1781  
 The University of Texas MD Anderson Cancer Center  
 PO Box 301407, Houston, TX 77230-1407 or fax to 713-794-1724  
 Make check or money order payable to:  
**The University of Texas MD Anderson Cancer Center**

**FULL SYMPOSIUM**

**Postmarked before April 24**

- ☐ Physicians .....\$500  
☐ Allied Health Professionals .....\$300  
 \* ☐ MDACC Physicians .....\$370  
 \* ☐ MDACC Allied Health Professionals. .170

**Postmarked after April 24**

- ☐ Physicians .....\$600  
☐ Allied Health Professionals .....\$400  
 \* ☐ MDACC Physicians .....\$470  
 \* ☐ MDACC Allied Health Professionals. .270

**WORKSHOP  
(MAY 29) ONLY**

**Postmarked before April 24**

- ☐ Physicians .....\$300  
☐ Allied Health Professionals .....\$200  
 \* ☐ MDACC Physicians .....\$200  
 \* ☐ MDACC Allied Health Professionals. .100

**Postmarked after April 24**

- ☐ Physicians .....\$350  
☐ Allied Health Professionals .....\$250  
 \* ☐ MDACC Physicians .....\$250  
 \* ☐ MDACC Allied Health Professionals. .150

**SYMPOSIUM  
(MAY 30-MAY 31) ONLY**

**Postmarked before April 24**

- ☐ Physicians .....\$250  
☐ Allied Health Professionals .....\$150  
 \* ☐ MDACC Physicians .....\$200  
 \* ☐ MDACC Allied Health Professionals. .100

**Postmarked after April 24**

- ☐ Physicians .....\$300  
☐ Allied Health Professionals .....\$200  
 \* ☐ MDACC Physicians .....\$250  
 \* ☐ MDACC Allied Health Professionals. .150

**PEDIATRIC COURSE  
(JUNE 1) ONLY**

**Postmarked before April 24**

- ☐ Physicians .....\$100  
☐ Allied Health Professionals .....\$80  
 \* ☐ MDACC Physicians .....\$80  
 \* ☐ MDACC Allied Health Professionals. .50

**Postmarked after April 24**

- ☐ Physicians .....\$150  
☐ Allied Health Professionals .....\$125  
 \* ☐ MDACC Physicians .....\$130  
 \* ☐ MDACC Allied Health Professionals. .100

**WORKSHOP (MAY 29)  
AND PEDIATRIC (JUNE 1)**

**Postmarked before April 24**

- ☐ Physicians .....\$300  
☐ Allied Health Professionals .....\$200  
 \* ☐ MDACC Physicians .....\$200  
 \* ☐ MDACC Allied Health Professionals. .100

**Postmarked after April 24**

- ☐ Physicians .....\$350  
☐ Allied Health Professionals .....\$250  
 \* ☐ MDACC Physicians .....\$250  
 \* ☐ MDACC Allied Health Professionals. .150

\*SCCM Texas Chapter Members may register at the discounted MDACC rates above. Membership will be verified