COMP 2020 - 176700/30/121922/41
Cardio-Oncology Multidisciplinary Practice
January 17–18, 2020

Last Name	First	MI	Highest Degree

Department (include box no.)	Specialty

Institution

MD Anderson Employee ID No. (required for all MDACC employees):	Physician ☐Yes ☐No

Street

City	State/Foreign Country/Zip or Mail Code

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E-mail Address (please print)

Emergency Contact	Phone (with area code)

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Business Unit	Department	Fund Group*	Fund	Fund Type

Authorized Signature REQUIRED for credit card or IDT	IDT Approver Name (First/Last) please print

THIS IS NOT A SELF-MAILER. Address to:

COMP 2020 Cardio-Oncology Multidisciplinary Practice
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

REGISTRATION FEES:

Physicians
❑ Postmarked before 12/27/19 ..... $275.00
❑ Postmarked after 12/27/19 ..... $325.00

APPs/Nurses/Trainees
❑ Postmarked before 12/27/19 ..... $200.00
❑ Postmarked after 12/27/19 ..... $250.00

MD Anderson Network Physicians
❑ Postmarked before 12/27/19 ..... $250.00
❑ Postmarked after 12/27/19 ..... $300.00

MD Anderson Network APPs/Nurses/Trainees
❑ Postmarked before 12/27/19 ..... $175.00
❑ Postmarked after 12/27/19 ..... $225.00

Students ..... Exempt

Will attend Reception on Friday? Yes ❑ No ❑

Please let us know what specific topics, issues or questions you wish to see addressed or emphasized in this activity. Fax or email CME/Conference Management. All responses will be forwarded to the Program Chairs for consideration.