REGISTRATION FORM
DIGEST™ TRAINING COURSE - X122416
APRIL 24-25, 2020

Last Name	First	MI	Highest Degree
Department (include unit 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		
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: ☐ VISA ☐ MC ☐ AMEX		
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MD Anderson Interdepartmental Transfer (IDT) No.: *Fund Group 90 will not be accepted				
Business Unit	Department	Fund Group*	Fund	Fund Type
Authorized Signature REQUIRED for CREDIT CARD or IDT	IDT Approver Name (First/Last) please print			

REGISTRATION FEES

Speech Pathologists and other Healthcare Professionals

☐ Postmarked before March 25, 2020 .....$425
☐ Postmarked after March 25, 2020 .....$475

MD Anderson Affiliates and Staff

☐ Postmarked before March 25, 2020 .....$375
☐ Postmarked after March 25, 2020 .....$425

Group Rate for 3 or more

☐ Postmarked before March 25, 2020 .....$375
☐ Postmarked after March 25, 2020 .....$425

Post-Course Research Session*

☐ Postmarked before April 21, 2020 .....$100