

- REGISTRATION FORM -
Patient Navigation: From Outreach to Survivorship

Dates: October 25-27, 2010

Times: 10/25-10/26 8:30am to 5:30pm;
 10/27/2010 8:30am to 3:30pm

Location:
 One Washington Circle Hotel
 Washington, DC 20037

Fee: \$795

*Continental breakfast and lunch will be provided
 *Fee due at time of registration

*Small, community-based organizations may be eligible for a partial scholarship. Please contact Melekte Truneh for additional information.

Hotel:

Discounted room rates are available at the One Washington Circle Hotel for the nights of October 24-26, 2010. To secure your room at the discounted rate, call (800) 424-9671 or (202) 872-1680 by September 10, 2010 and ask the agent for the GW Cancer Institute/Patient Navigation Training group rate (Group Code: 596462) arriving on October 24, 2010.

Return Completed Form with Fee to:

Melekte Truneh, *Program Coordinator*
 2300 I Street, NW, Suite 514 • Washington, DC 20037
 Ph: (202) 994-4088 • Fax: (202) 994-1714 • canmxt@gwumc.edu

GENERAL INFORMATION

Last name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Range: <input type="checkbox"/> Up to 25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 65+
Address:	City:	State:	ZIP Code:	
Phone no.:	Email:			Highest Education Level: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____
List all professional licenses you hold:				
Years of Professional Experience:		Job Title:		
Employer:				
Employer Address:				

ADDITIONAL INFORMATION

Are you serving as a Patient Navigator in your current position or as part of your current position? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many years have you been serving as a Patient Navigator?
How did you hear about the training:

PAYMENT INFORMATION

Form of Payment: <input type="checkbox"/> Personal Check <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order/ Cashiers Check Make Checks Payable to: <u>George Washington Cancer Institute</u>
Signature: _____ Date: _____

Presented by

The Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP)

<http://www.gwumc.edu/caSNP>
