

REGISTRATION FORM

Return to:
DeLisa Watkins, Course Administrator
The Ohio State University Wexner Medical Center
N305 Doan Hall
410 W. 10th Avenue
Columbus, OH 43210
614-293-5492
delisa.watkins@osumc.edu

Registration Fee:

Registration includes lecture syllabus, drive containing the syllabus, lunch roundtable discussions and daily continental breakfast, refreshment breaks and lunch.

- | | |
|--|---|
| <input type="checkbox"/> Physician - \$675 | <input type="checkbox"/> Other Allied Health Professional - \$450 |
| <input type="checkbox"/> Past Participant Physician - \$600 | <input type="checkbox"/> OSU Faculty - \$400 |
| <input type="checkbox"/> Ohio Society of Pathologists Member - \$600 | <input type="checkbox"/> Resident/Fellow/PA/Tech - \$100 |
| | <input type="checkbox"/> OSU Resident/Fellow/PA/Tech - \$0 |

Single Day - 40% of above respective charge Fri Sat Sun

Lunch Roundtable Discussion Topics:

- A. Breast Biomarker Challenges & Quality Improvement (SAM eligible)
- B. Cancer Genetics
- C. Digital Pathology & Informatics
- D. Frozen Section - Neuropathology
- E. Lab Compliance
- F. Molecular Pathology (SAM eligible - Saturday's Session)
- G. Prostate Biopsy Interpretation: Impact on Management (SAM eligible)
- H. Renal Pathology (SAM eligible)
- I. Transfusion Medicine
- J. Troubleshooting Histology
- K. Updates in Breast Pathology
- L. Updates in Cytology
- M. Updates in Dermatopathology
- N. Updates in Genitourinary Pathology
- O. Updates in Hematopathology
- P. Updates in Pulmonary Pathology

Please select your 1st, 2nd, 3rd and 4th choices from the roundtable discussion topics above.

Due to space limitations, we will do our best to accommodate your selections.

1st Choice ____ 2nd Choice ____ 3rd Choice ____ 4th Choice ____

I do not wish to attend a roundtable discussion ____

Name _____

Hospital or Practice _____

Home Work Address _____

City _____ State _____ Zip _____

Daytime Phone _____ FAX _____

Email address (required) _____

Amount \$ _____ Credit Card Number _____

Check Enclosed (payable to OSU Pathology) Expiration Date _____ CVV# _____

(Do Not Email CC#)