

CONTACT INFORMATION

INSTITUTION

Institution Name

Department

Street Address

Street Address

City

State/Foreign Country

Zip or Mail Code

ATTENDEE

First Name

Last Name

Email (*Confirmation and additional information will be emailed to you.*)

Cell Phone

Office Phone

Are you a Physician? Yes No

Highest Certification for Name Badge (i.e.: LMSW)?

Additional Comments or Requests

PAYMENT INFORMATION

\$250 Registration Fee

To ensure your registration is processed, email completed registration forms to IntegrativeMed@mdanderson.org AND submit your payment choosing one of the payment options below. All payments must be received by May 13, 2025.

I am paying by check (*make payable to The University of Texas MD Anderson Cancer Center*) .

Send the completed registration form and check to:

Ms. Tameka Sneed

The University of Texas MD Anderson Cancer Center

Integrative Medicine Program - Palliative, Rehabilitation and Integrative Medicine

1400 Pressler

Unit 1414

Houston, TX 77030

Payment by Credit Card.

For secured credit card payment, please email your registration form to Tameka Sneed at tdveal@mdanderson.org who will intern create an invoice with a payment portal link to purchase your registration via credit card.

Click the SUBMIT FORM button below to email completed registration form to Tdveal@mdanderson.org. All paid registrants will receive a ZOOM link to the workshop on April 22, 2024.