## TEXAS COMMUNITY BUS ROUNDS REGISTRATION FORM





"Educating excellence in the delivery of palliative and supportive care." LIMITED AVAILABILITY, PLEASE SIGN UP TODAY!

REGISTRANT INFORMATION  Name:				BUS ROUND DATE: Employee ID (MD Anderson)			
Mobile:Offic		Office Phone			Email:		
Professional D	esignation <i>Plea</i>	se check all that app	/y ):				
MD	PhD	APRN/PA	RN	Social Worker	Chaplain		
Ethicist	Fellow	Student	Othe	er			
		•	Bus Ro		\$35 fee to each partic	•	
	To ensu	_	-	-	our completed regi	stration to	
ind	icating your	•			must be received b	y August 13, 2024.	
l am payin	g by check.						
(Mak	e payable to Th	e University of Texas	MD Ande	erson Cancer Center)	. Send the completed reg	sistration form and check to:	
	_	ram Coordinator					
	•	as MD Anderson Ca			linin n		
	Pressler, Unit 1	•	ibilitation,	and Integrative Med	ncine		
	ton, TX 77030						
Payment b	y Credit Card.						
			=	r registration form to			
				who will create an i	nvoice with a payment po	ortal link to	
purcr	hase your regist	ration via credit card	1.				
Internal D	eposit Transfer	– Chart Field Stream	(CFS): No	Fee for Hospice Par	tners/Palliative staff and	faculty	
Fund	Primary/Delega	ate Signer ( <i>please pr</i>	int):				
Fund	Primary/Delega	ate Signer:					

Click the Submit Button to email your completed registration form to PalliativeCommunityBusRounds@mdanderson.org

Any Questions, please email or call Tameka Sneed at <a href="mailto:Tdveal@mdanderson.org">Tdveal@mdanderson.org</a> or 713-563-1368.