3rd Annual Experimental Therapeutics in Oncology: The Road to Personalized Medicine
Friday, November 07, 2014 2:00 PM - Saturday, November 08, 2014 4:50 PM (Pacific Time)

Ways to register:
- Online registration: www.csmc.edu/cme and click on CME Courses
- Mail form to: Cedars-Sinai Medical Center, Office of Continuing Medical Education; Attn: Registration 8797 Beverly Boulevard, Suite #250, Los Angeles, CA 90048
- Fax form to: (310) 423-8596

Please Print Clearly
Last Name _________________________________________ First Name ______________________________________
Degree: __________________ Specialty: __________________________________________________________
Address ______________________________________________________________________________________
City __________________________________________________ State ________ Zip___________
Phone ___________________________________________ Fax _________________________________________

*Email
*An email address is required to register for the conference

Registration Fees:

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<th>Physician</th>
<th>Allied Health</th>
<th>Resident/Fellow</th>
<th>Industry</th>
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<tbody>
<tr>
<td>Received by 10 20/2014</td>
<td>☐ $155</td>
<td>☐ $85</td>
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<tr>
<td>Received after 10/20/2014</td>
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*Residents and Fellows with written proof of residency or letter from Program Director are eligible to attend for a reduced fee. Please send us the written proof of Residency/Fellowship together with this registration form.

Please Charge My:
☐ Visa  ☐ MasterCard  or  ☐ American Express for $_______

Credit Card No. __________________________________________ Exp. Date ________________________

(Please Print) Name on Card ______________________________________ Authorized Signature ______________________

☐ Check enclosed payable to CSMC for $_______

Refund Policy
All cancellations must be submitted in writing and refunds will be subject to a $50 administrative charge. No refunds will be given after Friday, October 24, 2014. Please e-mail cancellation request to cme@cshs.org. If you do not receive confirmation of your cancellation via e-mail, please call (310) 423-5548.

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

How did you learn about this CME activity?
☐ Brochure or other printed material  ☐ Cedars-Sinai CME website  ☐ Internet search (Google, Yahoo, etc)
☐ Email Announcement  ☐ Colleague  ☐ Past Participant  ☐ Internal Cedars-Sinai Communication
Other: __________________________