2020 CRAAZ Annual Education Conference

Wednesday, October 15th, 2020

**Cancer Education and Knowledge**

Annual Webinar Education

NCRA Edu Credits Applied For 6.00

7:30AM – 8:00AM Welcome to our Annual Education Webinar – Iris Castro, CTR, 2020 CRAAZ President

8:00AM – 9:00AM Jennifer Ruhl, M.S., CCS, RHIT, CTR – Public Health Analyst, National Cancer Institute

Topic: What We’ve Learned, Where we’re going

9:00AM – 10:00AM Jim Hofferkamp, B.S., CTR – Program Manager of Education and Training, NAACCR

Topic: Coding Pitfalls

10:00AM – 10:15AM Break

10:15AM – 11:15AM Georgia Yee, CTR – Office Chief, Arizona Cancer Registry

Topic: Arizona Cancer Registry – COVID19 and Challenges

11:15AM – 12:15PM TBD

12:15PM – 1:00PM Lunch Break – Gift Giveaway

1:00PM – 2:00PM Amanda Arrington, MD – Surgical Oncologist, Banner University Medical Center

Topic: Arizona Commission on Cancer Liaison

2:00PM – 3:00PM Lauren Barnett – Registry Partners

Topic: Efficient Abstracting

3:00PM – 4:00PM Carla Edwards - Registry Partners

Topic: Ensuring Quality Data

4:00PM Wrap up and Adjournment

**Location: Virtual Webinar Education**

**Date: Wednesday, October 15th 2020**

**Time: 8:00 AM – 4:00 PM; Check-In starts at 7:30 AM**

**Registration Attendance Option**

[ ]  Online – Webinar. An email will be sent to you with the login information.

**NOTE: Online recording will be available at a later time.**

**EMAIL Address for Webinar Access:** Click or tap here to enter text.

**REGISTRATION ANNUAL CRAAZ EVENT PRICING (MARK the box)**

|  |
| --- |
| **Registration****Deadline 10/15/2020** |
| [ ]  $50.00 – Active Member[ ]  $100.00 – Non-Active Member |

 **CTR, RHIA, RHIT, OTHER**

**First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text. **Credentials:** Click or tap here to enter text.

**Best Communication to reach you:** [ ]  Address [ ]  Email [ ]  Phone

**PREFERRED ADDRESS**

[ ]  Home [ ]  Work

**Street Address:** Click or tap here to enter text. **City**: Click or tap here to enter text.

**State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**PREFERRED EMAIL**

[ ] Personal Email [ ]  Work Email

**Email:** Click or tap here to enter text.

**PREFERRED TELEPHONE**

[ ]  Home [ ]  Work

**Telephone Number:** Click or tap here to enter text.

**ATTACH PAYMENT TO THIS REGISTRATION FORM and Mail To: PO BOX 36534 Phoenix AZ 85067**

**NOTE:** If you need to pay with a credit card, go online and register at [www.craaz.info](http://www.craaz.info) under Events.

**For** Membership Chair **and/or** CRAAZ Treasure

**Amount \_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_ Confirmation/Receipt Sent: \_\_\_\_\_\_\_\_ Roster Updated: \_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_ coRoster Updated & Receipt E-mailed (Membership Chair or Treasure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form Updated 1/22/2020