PO Box 36534 • Phoenix AZ •85067

Federal Tax ID# 86-0902403

**2021 Annual Education Conference**

Friday, October 29th, 2021

NCRA Education Credits Applied For 5

(Category A: 1 CEU)

7:30AM – 8:00AM Christena Vallerga, CTR, 2021 CRAAZ President

 Topic: Welcome!

8:00AM – 9:00AM Dr. Brittany Murphy, Breast Surgical Oncology, Banner Health

Topic: “An Overview of Breast Cancer Treatment”

9:00AM – 10:00AM Dr. Michael Choti, Division Chief of Surgical Oncology

Banner Health

 Topic: “Circulating Tumor DNA: Emerging Role in Cancer Mgmt.”

10:00AM – 10:15AM Break

10:15AM – 11:15AM Gina McNellis, CTR, himagine Director of Registry Services

 Topic: “Cancer Registry Productivity”

11:15AM – 12:15PM Jim Hofferkamp, CTR, Program Manager of Education

Topic: “Updates and Pitfalls”

12:15PM – 12:30PM Break

12:30PM – 1:30PM Georgia Yee, CTR, Office Chief, Health Registries

Arizona Cancer Registry

Topic: “Arizona Cancer Registry Updates”

1:30PM Joy Knowles, CTR, 2021 CRAAZ President-Elect

Topic: Thank you for attending!

2021 CRAAZ Annual Education Conference

**Date: Friday, October 29th, 2021**

**Time: 8:00 AM –1:30 PM**

**Registration Attendance Option**

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

EMAIL Address: Click or tap here to enter text.

**REGISTRATION ANNUAL CRAAZ EVENT PRICING: Check the box**

|  |
| --- |
| **Registration****Deadline 10/25/2021** |
| [ ]  $50.00 – Active Member[ ]  $75.00 – Non-Active Member |

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

**NOTE:** If you need to pay with a credit card, go online and registrar 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 8/1/2019