

## Conference Registration Form

**REGISTRATION FORM**  
Please fax three-page form  
to 703-425-6333  
**By March 15, 2013**

**EARLY REGISTRATION \$195**

(Before COB Friday, February 15, 2013)

**REGULAR REGISTRATION \$210**

(After Friday, February 15, 2013)

**ON-SITE REGISTRATION \$225**

**SPEAKER, FACILITATOR, REVIEW COMMITTEE MEMBER, CONFERENCE SUPPORTER, POSTER PRESENTER**

(Please contact [Mary Ann Troyano](#) if you have questions about registering.)

### REGISTRATION INFORMATION (\*Required Field)

**Choose the categories that best describe your profession (check all that apply):**

Primary Care Physician  
(Internists, Family Physicians)

Obstetrician/Gynecologist

Gastroenterologist

Surgeon

Radiologist

Oncologist

Nurse or Nurse Practitioner

Physician Assistant

Quality Team Member in a  
Hospital, Insurance  
Company, etc.

Patient Navigator, Case  
Manager or Care Manager

Health Services Researcher

Health Educator

Staff of Health and Human Services  
(NIH, CDC, CMS, IHS, AHRQ)

Staff of State Health Department

Staff of Non-Profit Health  
Organization

Third-Party Payer

Advocate/Survivor

Administrator

Other \_\_\_\_\_

**If you chose Other above, please explain:**

Name  
& Degree(s):\*

Nickname  
(Badge):

Job Title:\*

Organization:\*

Address:\*

City:\*

State:\*

Zip:\*

Phone #:\*

Cell #:\*

E-mail:\*

(Not published – emergency on-site use only)

Assistant's  
Name:

Phone #  
& E-mail:

Special Dietary  
Requests:

Check this box if you require special accommodations to participate fully in the conference.

Describe your accommodation needs below:

### How did you hear about this conference?

A colleague

An e-mail about *Dialogue for Action*

An internet search

Announcement/calendar of professional organization

Name of organization

A connection with the Foundation

Other \_\_\_\_\_

### Is there any person or organization that we should inform about the conference?

Please list their names and e-mail addresses.

### We would like to recognize cancer survivors at the 2013 *Dialogue*. The following questions are optional.

- 1) Are you a cancer survivor?      Yes      No
- 2) If you are, would you like to be recognized as a cancer survivor on your conference name tag?  
Yes      No
- 3) Type of cancer (this information will not be shared) \_\_\_\_\_

## HOTEL REGISTRATION

***Make your hotel reservation before Tuesday, February 26, 2013.***

*After that date, the hotel may not be able to honor the group room rate.*

*We ask that when you book your travel, you extend professional courtesy to our speakers and presenters by planning to stay through the close of the meeting on Friday, March 22 at 1:00 PM.*

To make a hotel reservation, please either:

- visit [www.dialogueforaction.org](http://www.dialogueforaction.org) and click on "Registration" then "Hotel Registration" or
- contact the Renaissance Baltimore Harborplace Hotel directly by calling the reservation line at (888) 236-2427 and asking for the regular group room rate or Government room rate reserved for the ***"Dialogue for Action conference, March 20-22, 2013."***

### Renaissance Baltimore Harborplace Hotel

202 East Pratt Street, Baltimore, MD 21202

Phone: 410-547-1200 or 800-535-1201

Fax: 410-539-5780

*This is a smoke-free hotel.*

## CONTINUING EDUCATION INFORMATION

### Physician Continuing Medical Education

#### *Accreditation Statement*

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Global Education Group (Global) and Prevent Cancer Foundation. Global is accredited by the ACCME to provide continuing medical education for physicians.

#### **I plan to apply for the following credits:**

### Physician Credit Designation

CME Credits for Physicians

Global Education Group designates live activity for a maximum of 19.25 *AMA PRA Category 1 Credits™*.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Nursing Credit Designation

CE Contact Hours for Nursing Professionals

Global Education Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

This educational activity for 19.25 contact hours is provided by Global Education Group. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

### Certified Health Education Specialists

CECH Credits for certified health education specialists

Application to CHES (entry-level)/MCHES (advanced level) Category I Continuing Education Contact Hours (CECH) has been made to the National Commission for Health Education Credentialing, Inc. (NCHEC). Determination of credit and approval is pending.

*Attendees should claim only the credit commensurate with the extent of their participation in the activity.*

*An "Application for Credit" can be found in your Welcome Packet. This needs to be completed as you attend your sessions.*

*For more information, please see the [Continuing Education Information](#) on the Dialogue for Action web site or contact Global Education Group at 303-395-1782 or [inquire@globaleducationgroup.com](mailto:inquire@globaleducationgroup.com).*

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For questions or information, contact [Mary Ann Troyano](#), International MeetingWorks, LLC

by e-mail: [matroyano@aol.com](mailto:matroyano@aol.com) or phone: 703-425-1334.

## EVENT OPTIONS – See Agenda for Details

**I plan to attend the following complimentary activities and events:**

### Wednesday, March 20

#### ***Lunch on Your Own***

OVERVIEW OF PREVENTION AND EARLY DETECTION OF COLORECTAL, CERVICAL AND BREAST CANCER SCREENING • 1:00 PM to 4:00 PM

*First-time attendees are encouraged to attend!*

USING SOCIAL MEDIA TO INCREASE AND ENGAGE GRASSROOTS ADVOCATES IN CANCER SCREENING

- 1:00 PM to 4:00 PM

*A discussion of traditional grassroots advocacy and its enhancement through social media to increase the number of advocates, engage them and translate that engagement into action.*

PRE-CONFERENCE EXCHANGE: SHARING INFORMATION ABOUT STATE AND TRIBAL COLORECTAL CANCER SCREENING PROGRAMS

- 1:00 PM to 3:00 PM

*A meeting open to all, hosted by the National Colorectal Cancer Screening Network.*

### Thursday, March 21

CANCER PREVENTION LAURELS AWARDS

LUNCHEON • 12:00 PM to 1:15 PM

*To be seated at the luncheon, you must have checked this box.*

NETWORKING RECEPTION • 6:30 PM to 8:00 PM

*Join your friends and colleagues and visit the food stations and cash bar.*

### Friday, March 22

#### ***Lunch on Your Own***

## CONVERSATIONS

**Choose Only One Conversation/ See Agenda for Details**

**I prefer to attend the following conversation:**

**CONCURRENT CONVERSATIONS • Friday, March 22, 10:00 AM to 11:30 AM**

Conversation 1 – Hitting the Targets for Cancer Prevention and Screening: Strategies for Patient Engagement

Conversation 2 – Increasing Access and Quality and Reducing Costs in Health Care: Opportunities in the Private Sector

Conversation 3 – Increasing Access and Quality and Reducing Costs in Health Care: Opportunities in the Public Sector

Conversation 4 – Reconciling the Benefits and Harms of Cancer Screening

Conversation 5 – Effective Strategies for Cancer Screening in Clinical Practice and Public Health Programs

Conversation 6 – Communicating the Message of Cancer Screening in the Digital Age

*We will try to honor your preferences; maintaining the diversity of perspectives for all conversations may require making substitutions for you.*

## CREDIT CARD INFORMATION

*The Prevent Cancer Foundation is authorized to bill my credit card for the registration fee.*

### CREDIT CARD PAYMENT:

**AMEX**

**Visa**

**Master Card**

**Card Number:**

**Expiration Date:**

**Signature:**  
(Required)

**Print Card**

**Holder's Name:**

**CHECK PAYMENT:** Payable to **Prevent Cancer Foundation** (Tax ID #: 52-1429544)

Mail check and registration form to: Mary Ann Troyano, International MeetingWorks, LLC, 9100 Cascus Drive, Annandale, VA 22003

**CREDIT CARD PAYMENT:** Your paid registration fee will show on your credit card statement as "DFAMEETING."

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