



Henry B. Gonzalez Convention Center
San Antonio, Texas USA

Patient Advocate Verification Form

2018 San Antonio Breast Cancer Symposium • December 4-8, 2018

Complete All Sections Fully • One Individual Per Form

To register online, visit www.sabcs.org/registration

Deadline: November 16, 2018

Thank you for interest in attending the San Antonio Breast Cancer Symposium. Please complete and submit this form along with the registration form. You will only be approved at the patient advocate rate if you are an advocate.

Registration Category

The patient advocate registration category is reserved exclusively for patient advocates and is not intended for medical professionals. Individuals interested in registering under this category either work or volunteer for national not-for-profit patient advocacy organizations that demonstrate a charitable mission, engage in patient advocacy activities, provide support for people with cancer, have a nonprofessional membership, do not offer CME or scientific programs for professionals.

Individuals registered under this category are not eligible to receive continuing education credit for their attendance.

For advocate program information and possible financial assistance contact:

Alamo Breast Cancer Foundation

PO Box 780067

San Antonio, TX 78278

Email: sandistanford@alamobreastcancer.org

Verification Information

First/Given Name* _____

Last/Family Name* _____

Institution, Company or Organization* _____

Email Address* _____

PLEASE BE SURE TO SCAN OR FAX BOTH PAGES OF THIS FORM WHEN SENDING

Organization Name

Please enter your organization*

Job Description

Please provide a brief job description*

Return by

Fax: 210-450-1560

Mail: Mays Cancer Center - San Antonio Breast Cancer Symposium
7979 Wurzbach Road, MC 8224
San Antonio, Texas 78229

Email: sabcs@uthscsa.edu

*** Please complete and submit this form along with the registration form.***