

# 21<sup>st</sup> Annual Pacific NW Prostate Cancer Conference



**Saturday, October 2, 2021**

8:30 – 2:30 pm

Registration limited to patients, their families, and the community. Healthcare industry attendance limited to program sponsors.

## WHO SHOULD ATTEND

This program is intended for patients with prostate cancer, their families and loved ones, men at risk for prostate cancer, advocates for progress against prostate cancer, and all members of the public with an interest in prostate cancer.

## CONFERENCE DESCRIPTION

This conference will provide a state-of-the-art update on prevention and early detection of prostate cancer, treatment of localized prostate cancer, medical management of advanced prostate cancer, and current status of knowledge about the role of nutrition in prostate cancer. In addition, the program will provide insights into coping with the diagnosis of prostate cancer and address sexuality in prostate cancer survivors. Highlights of recent scientific progress and a survey of current clinical trials likely to change the standard care in the coming years will be prominently featured. This program will include ample opportunities for audience participation.

## VIRTUAL FOR 2021!

**Due to Covid-19, the conference is being held virtually at a reduced cost.**

For **ONLINE REGISTRATION**, additional information or agenda information please check out our website:

[www.ohsuhealth.com/prostateconference](http://www.ohsuhealth.com/prostateconference) or call (503) 494-4066 or email [prostate@ohsu.edu](mailto:prostate@ohsu.edu)

21<sup>ST</sup> ANNUAL PACIFIC NW PROSTATE CANCER CONFERENCE  
OCTOBER 2, 2021  
OHSU KNIGHT CANCER INSTITUTE  
3485 S. BOND AVE., OC14P, PORTLAND, OR 97239

**REGISTRATION FEE: \$15.00/CAD\***  
USD FEE MAY DIFFER BASED ON CAD CONVERSION RATES  
**(PER INDIVIDUAL)**  
INCLUDES: CONFERENCE MATERIALS & ONLINE ACCESS)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

GUEST NAME (IF APPLICABLE) \_\_\_\_\_

SELECT METHOD OF PAYMENT (CHECK BOX BELOW)

CHECK PAYABLE TO: **OHSU FOUNDATION**       CREDIT CARD (SPECIFY) \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMEX

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CODE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

TO REGISTER BY CREDIT CARD, YOU MAY RETURN THIS FORM VIA **FAX** TO 503 494-6197 OR **CALL** 503 494-4066 OR MAIL A COPY OF THIS FORM WITH YOUR PAYMENT TO OHSU, ATTN: SHANTA GREEN, 3485 S. BOND AVE, OC14P, PORTLAND, OR 97239

\*EDUCATIONAL GRANTS AVAILABLE TO WAIVE FEE IF NEEDED, CALL (503) 494-4393



SPONSORED BY: OHSU KNIGHT CANCER INSTITUTE *in conjunction with* UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE AND THE UNIVERSITY OF BRITISH COLUMBIA AND THE VANCOUVER PROSTATE CENTRE

