

21st 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 or call (503) 494-4066 or email prostate@ohsu.edu

21ST ANNUAL PACIFIC NW PROSTATE CANCER CONFERENCE
OCTOBER 2, 2021
OHSU KNIGHT CANCER INSTITUTE

REGISTRATION FEE: \$15.00/USD*
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: **SULLIVAN UROLOGY FOUNDATION** (PLEASE REFERENCE "PNW CONFERENCE IN MEMO SECTION")

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 604-875-4637 OR **CALL** 604-875-4485 OR MAIL A COPY OF THIS FORM WITH YOUR PAYMENT TO PCSC PROGRAM, ATTN: MONITA SUNDAR, 6TH FLOOR – 2275 LAUREL STREET, VANCOUVER BRITISH COLUMBIA, V5Z 1M9

*EDUCATIONAL GRANTS AVAILABLE TO WAIVE FEE IF NEEDED, CALL (604) 875-4485



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

