



Attendance and Credit Form for Surgical Pre-Conference Course
Surgical Management of Breast Disease Course
19th Annual National Interdisciplinary Breast Center Conference
 Planet Hollywood Resort & Casino Hotel Las Vegas, Nevada
Saturday March 14, 2009

<input type="checkbox"/> RT

Medical License Number _____ State _____

This form will be used as verification of your attendance, and certificates will be mailed by May 29, 2009. Note the time for each session you attended and list the total hours you are requesting for credit. At the end of the seminar, please submit this to the NCBC registration desk.

PLEASE PRINT CLEARLY

Name:

Signature:

Phone:

City:

State:

SATURDAY			
Begin	End	Session	Hours Attended RT Credits
8:00 AM	9:00 AM	Benign Breast Disease	1.0
9:00 AM	10:00 AM	Management of the High Risk Patient	1.0
10:15 AM	11:15 AM	Imaging of the Breast for the Surgeon	1.0
11:15 AM	12:15 PM	Lymph Node Analysis	1.0
1:30 PM	2:30 PM	Image-Guided Biopsies	1.0
2:30 PM	3:30 PM	Breast Surgical Techniques	1.0
3:45 PM	4:45 PM	Adjuvant Therapy	1.0
4:45 PM	5:45 PM	Tumor Board and Panel Discussion	.5
Total Conference Hours For Surgical Course Sessions: (Please circle the total on the right)			7.5
If you did not attend every session listed above, please circle the hour(s) for the sessions you did attend and list the total in this box:			