



Prostate Cancer Awareness Week

A program of the Prostate Cancer Education Council

Registration Form

Screening Center:

Site ID Number:

Center Address:

City

State

Zip

Program Coordinator:

Coordinator Address:

City

State

Zip

Scheduling Telephone:

(Area Code)

(Number)

(extension or 2nd number)

Coordinator Telephone:

(Area Code)

(Number)

(extension or 2nd number)

Coordinators FAX:

Coordinators E-mail:

Website Address:

Site Participation Level:

See the enclosed information card for detailed description of levels.

Estimated date of screening during PCAW

We will not be conducting a screening during PCAW but will be having one

We will not be conducting a screening this year, but keep us on the mailing list.....

 Yes No

I have read and understand the Criteria for Participation. I certify that this center can, and will meet said requirements. I wish to register this center for Prostate Cancer Awareness Week September 18-24, 2005.

Coordinator Signature of Assurance:

Date:

FAX COMPLETED REGISTRATION FORM TO: (303) 320-3835

or mail to: Prostate Cancer Education Council, 5299 DTC Blvd., Suite 345, Greenwood Village, CO 80111