PHA Medical Education
ON-DEMAND PROGRAMS

Form for Requesting an Event

Fax completed form to: 1-908-301-0808

YOUR NAME (MUST BE A MEDICAL PROFESSIONAL)

MEDICAL SPECIALTY

AFFILIATION/INSTITUTION

ADDRESS

CITY

STATE

ZIP CODE

EMAIL

PHONE

FAX

PRIMARY CONTACT NAME (IF DIFFERENT FROM ABOVE)

EMAIL

PHONE

1. Topic (choose one):

- ❑ Suspecting PH in the Dyspneic Patient: Who, When, and How
- ❑ Screening, Diagnosis, and Treatment of PAH: An Overview
- ❑ Integrating Guidelines and Clinical Trial Evidence Into Optimal Collaborative Care for Patients With PAH
- ❑ Current Approaches to PH: Clinical Cases Across Categories
- ❑ PH in Patients With Connective Tissue Disease
- ❑ Chronic Thromboembolic PH (CTEPH): An Overview
- ❑ Cases in Cardiac Imaging: Focus on PH
- ❑ Under Pressure: The Right Ventricle in PAH
- ❑ New Concepts and Clinical Controversies in PAH
- ❑ Special Cases in PH: Challenges and Opportunities for Optimal Care

2. Preferred Faculty Member:

1st choice: _____

2nd choice: _____

3rd choice: _____

3. Program Format (choose one):

- ❑ Dinner Meeting*
- ❑ Grand Rounds
- ❑ Group Practice
- ❑ Webinar

*If dinner, please indicate preferred venue:

1st choice _____
NAME

ADDRESS

ADDRESS

PHONE NUMBER

2nd choice _____
NAME

ADDRESS

ADDRESS

PHONE NUMBER

Would you like assistance identifying a venue? _____

4. Preferred Date and Time:

1st choice: _____

2nd choice: _____

5. TOTAL number of participants expected: _____

(minimum required: 10 healthcare professionals)
Please break down total by specialty:

- ____ Pulmonologists
- ____ Cardiologists
- ____ Rheumatologists
- ____ Primary Care Physicians
- ____ Family Practice Physicians
- ____ Physician Assistants
- ____ Nurse Practitioners
- ____ Registered Nurses
- ____ RPhs/PharmDs
- ____ RRTs
- ____ Other physicians (specify _____)

6. Additional requirements:

_____

_____

7. Following the submission of your request,

a representative of Cornerstone Medical Communications (CMC) will contact you to assist in planning your event. If you have questions, please feel free to contact CMC directly:

PHONE: 908-301-0801 EMAIL: ondemand@cornerstonemedllc.com