

Dear Practice Manager:

Please join us for an interactive Webcast titled **2007 Medicare Updates: Analysis and Application** presented by Risë Marie Cleland, President, Oplinc, Vancouver, Washington and Michelle Weiss, Weiss Oncology Consulting, Farmington Hills, Michigan. This program provides in-depth education for practice managers and administrative staff on how to apply the changes in Medicare policy to your practice. The Webcast will include an opportunity for participants to ask questions.

#### PROGRAM OBJECTIVES

- Analyze Medicare changes in oncology
- Discuss strategic tips for translating this knowledge into individual practice settings

#### DATES AND TIMES

Please join us for one of the Webcast programs listed below.

Wednesday, May 9 at 12:00 PM ET

Thursday, May 10 at 12:00 PM ET

Thursday, May 10 at 12:00 PM CT

Thursday, May 10 at 12:00 PM PT

Tuesday, May 15 at 12:00 PM ET

Tuesday, May 15 at 12:00 PM CT

Tuesday, May 15 at 12:00 PM PT

Wednesday, May 23 at 12:00 PM ET

Wednesday, May 23 at 12:00 PM CT

Wednesday, May 23 at 12:00 PM PT

#### REGISTRATION

To register, please complete the attached registration form and fax it to (732) 212-1927 or e-mail the information to [medicareupdates@fallonmedica.com](mailto:medicareupdates@fallonmedica.com). You must register at least 48 hours before your requested Webcast. Upon receipt of your registration, you will receive a confirmation e-mail with instructions for accessing the Webcast Internet site and the dial-in information for the question and answer session.

Fallon Medica LLC is the medical communications company coordinating these Webcasts. Should you have any questions, please contact the Fallon Medica LLC Webcast coordinator, Christine Volpicella, by phone (732-345-3507) or e-mail ([chrisv@fallonmedica.com](mailto:chrisv@fallonmedica.com)).

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W E B C A S T P R O G R A M S

To register for this program, please complete this form and fax it to (732) 212-1927 at least 48 hours before the scheduled Webcast. You may also register via e-mail by sending this information to [medicareupdates@fallonmedica.com](mailto:medicareupdates@fallonmedica.com). Please be sure to include the meeting date and time in your correspondence.

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Please check the Webcast you would like to participate in:

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First Name	Last Name

Professional Title

Affiliation

Preferred Mailing Address ( <input type="checkbox"/> Home or <input type="checkbox"/> Office)

City	State	ZIP Code	-

Telephone	-	-	Ext	Fax	-	-	-

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