

Cancer Equity Colloquium 2024 – Registration Instructions

1. Go to this link: <https://cpd.partners.org/content/cancer-equity-colloquium-2024>

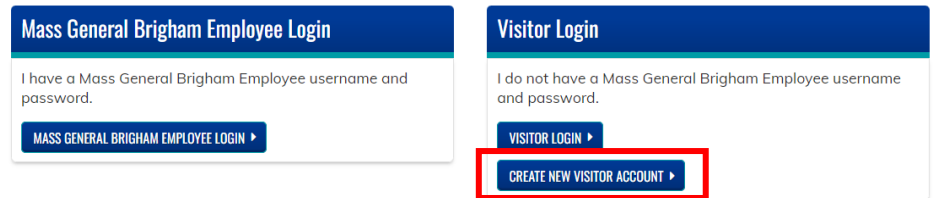
2. Click on 'Register/Take Course' tab



3. Click 'Create New Visitor Account' under *Visitor Login*

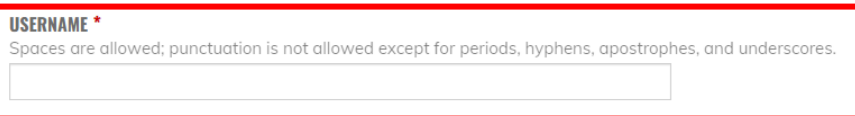
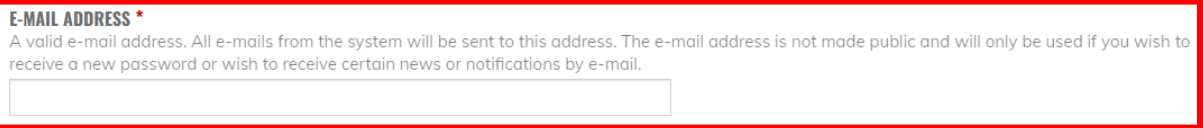
LOG IN / CREATE ACCOUNT

Please select an account type.

Two account selection boxes. The left box is titled 'Mass General Brigham Employee Login' and contains the text 'I have a Mass General Brigham Employee username and password.' with a button 'MASS GENERAL BRIGHAM EMPLOYEE LOGIN'. The right box is titled 'Visitor Login' and contains the text 'I do not have a Mass General Brigham Employee username and password.' with buttons 'VISITOR LOGIN' and 'CREATE NEW VISITOR ACCOUNT'. The 'CREATE NEW VISITOR ACCOUNT' button is highlighted with a red box.

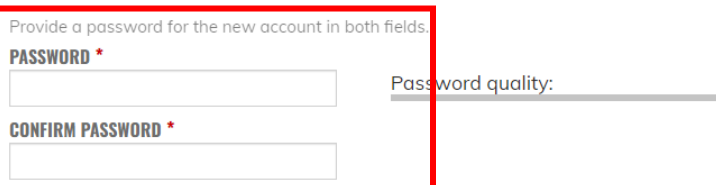
4. Fill out all required questions: *required questions are labeled with a red asterisks online and outlined in red boxes in the below screenshots*

USER ACCOUNT

Three tabs: VISITOR LOGIN, CREATE NEW VISITOR ACCOUNT, and MASS GENERAL BRIGHAM EMPLOYEE LOGIN. The 'CREATE NEW VISITOR ACCOUNT' tab is selected and highlighted.A form field labeled 'USERNAME *' with a red asterisk. Below the label is the text 'Spaces are allowed; punctuation is not allowed except for periods, hyphens, apostrophes, and underscores.' and an empty text input box. The entire field is outlined in red.A form field labeled 'E-MAIL ADDRESS *' with a red asterisk. Below the label is the text 'A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.' and an empty text input box. The entire field is outlined in red.

PASSWORD REQUIREMENTS

- Password must contain at least one uppercase character.
- Password must be at least 7 characters in length.
- Password must not contain the username.
- Password must contain at least one digit.

A form section for password creation. It starts with the text 'Provide a password for the new account in both fields.' followed by two input fields: 'PASSWORD *' and 'CONFIRM PASSWORD *'. To the right of these fields is a 'Password quality:' indicator with a progress bar. The entire section is outlined in red.

PREFIX

- None -

FIRST NAME *

MIDDLE NAME

LAST NAME *

PREFERRED PRONOUNS

Enter your pronouns as you would like others to refer to you. For example: she/her/hers, he/him/his, they/them/theirs, etc. You may skip this field if you prefer to not answer.

STREET *

ADDITIONAL

CITY *

COUNTRY *

United States

STATE/PROVINCE *

Select

POSTAL CODE *

PROFESSION TYPE *

- Select a value -

DEGREE/CREDENTIALS *

Choose some options

DISPLAY DEGREES *

Please enter your degrees/credentials exactly as you would like them to appear on your certificate, i.e. MD, PhD.

SPECIALTY

- None -

Profession Type: If you do not see your profession listed in the drop-down menu, please scroll all the way to the bottom of the drop-down menu and select 'Other'

Degree/Credentials: Begin typing your credentials and select from the list that appears. If you do not have any credentials that are provided, please click on the textbox labeled "choose some options" and scroll all the way to the bottom of the drop-down menu. You will be able to select 'N/A' or 'Other'

Display Degrees: You can either type the credentials you want listed after your name on your certificate or you can type a dash – if you do not have credentials to list

BOARDS

[Show row weights](#)

In order to report credit to boards, your profile must include the name of your Board(s) and your unique Board ID number. Select each appropriate board and supply your unique ID number for each board. By providing your validating information, you are giving us permission to share your completion data with the relevant certifying board.

Board

- Select a value -



Board ID Number

REMOVE

ADD ANOTHER

DATE OF BIRTH

This information is being collected solely for the purpose of reporting to various accrediting bodies.

MONTH

Choose an option ▾

DAY

Choose an option ▾

PRACTICE LOCATION *

- Select a value - ▾

I WOULD LIKE TO RECEIVE THE PROFESSIONAL DEVELOPMENT BI-WEEKLY E-NEWSLETTER, PERIODIC EDUCATIONAL TIPS & COURSE ANNOUNCEMENTS. *

- No
- Yes

LOCALE SETTINGS ▲


TIME ZONE

Select the desired local time and time zone. Dates and times throughout this site will be displayed using this time zone.

America/New York: Wednesday, January 3, 2024 - 10:33am -0500 ▾

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

I'm not a robot  reCAPTCHA
Privacy - Terms

CREATE NEW ACCOUNT

Practice Location: If you do not see your Practice Location listed in the drop-down menu, please scroll all the way to the bottom of the drop-down menu and select 'Other'. A text box will appear for you to type your practice location (this is required when you select 'Other')

5. Click 'Create New Account'. This will bring you to your new account.
6. Go to this link: <https://cpd.partners.org/content/cancer-equity-colloquium-2024> ; you should still be logged in to your account.
7. Click 'Register'
8. Complete the required questions (Tuition Fee, How Did You Hear About This Course, What Do You Hope To Gain From Attending This Event). Click 'Add to Cart'

OVERVIEW PROGRAM VENUE FACULTY ACCREDITATION **REGISTER**

OVERVIEW PROGRAM VENUE FACULTY ACCREDITATION REGISTER

TUITION FEE *

- Physician
- Nurses and Other Allied Health Professionals
- General Public
- Industry

HOW DID YOU HEAR ABOUT THIS COURSE? *

- Email
- Social Media
- Colleague
- Attended in the past
- Other

WHAT DO YOU HOPE TO GAIN FROM ATTENDING THIS EVENT? *

DIETARY RESTRICTIONS

ADD TO CART

9. You will be brought to your Shopping Cart. Click 'Checkout'

SHOPPING CART

✓ Cancer Equity Colloquium 2024 added to your shopping cart.

Product	Attributes	Qty	Total
REMOVE Cancer Equity Colloquium 2024 <ul style="list-style-type: none">Tuition Fee: General Public	TUITION FEE * <ul style="list-style-type: none"><input type="radio"/> Physician<input type="radio"/> Nurses and Other Allied Health Professionals<input checked="" type="radio"/> General Public<input type="radio"/> Industry	1	\$50.00
			Subtotal: \$50.00

[Continue shopping](#)

[UPDATE CART](#)

[CHECKOUT](#)

10. Enter your billing information

BILLING INFORMATION

Enter your billing address and information here.

SAVED ADDRESSES

Select one... ▼

FIRST NAME *

LAST NAME *

COMPANY

STREET ADDRESS *

CITY *

STATE/PROVINCE *

- Select - ▼

COUNTRY *

United States ▼

POSTAL CODE *

PHONE NUMBER

COUPON DISCOUNT

COUPON CODE

Enter a coupon code and click "Apply to order" below.

APPLY TO ORDER

Coupon Discount/Code: If you were not provided a discount code from the department, you will leave this text box blank.

PAYMENT METHOD

Credit Card

Subtotal:	\$50.00
Order total:	\$50.00

11. Click 'Review Order' to complete the checkout process

Continue with checkout to complete payment.

ORDER COMMENTS

Use this area for special instructions or questions regarding your order.

ORDER COMMENTS

CANCEL REVIEW ORDER

12. Enter your credit card information, then click 'Pay'

BACK PAY

13. Once your tuition fee has gone through, you will receive an email confirming your registration for this activity.