

**MASCC Liaison Form**

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| Program Participation at a Supportive Care Meeting Other than the MASCC/ISOO Annual Meeting  Please email responses to: Melissa Chin, MASCC Executive Director, [mchin@mascc.org](mailto:mchin@mascc.org)   |  | | --- | | Name of MASCC Member: | | Non-MASCC organization(s) sponsoring the meeting: | | Name: | | Email: | | (Provide additional listings if more than one organization): | | Date of Meeting: | | Location of Meeting: | | Contact individual for the meeting: | | Name: | | Email: | | Phone: | | Are you a member of this non-MASCC organization(s)? Yes or No | | Participation by MASCC member: | | Appointed to planning committee for meeting Yes or No | | Presented a talk titled: | | Functioned in booth and/or distributed materials regarding MASCC Yes or No | | Officially represented MASCC Yes or No | | Received MASCC funding for your participation Yes or No | | Other (describe) |   Please provide a brief summary of your participation or presentation (250 words or fewer). |