

 **MASCC Liaison Form**

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| Program Participation at a Supportive Care Meeting Other than the MASCC/ISOO Annual MeetingPlease email responses to: Melissa Chin, MASCC Executive Director, mchin@mascc.org

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| 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). |