



**CALIFORNIA TUMOR TISSUE REGISTRY**  
Proudly Announces the 156<sup>th</sup> Semi-Annual Pathology Cancer Seminar:



**Peter Sadow, MD, PhD**  
Massachusetts General Hospital  
Boston, MA

# “Deciphering Biological Potential in Thyroid Neoplasia: What Exactly is Uncertain Malignant potential?”

**Sunday, December 7, 2025**

8:30 am - 4:45pm

The Westin Long Beach

333 E. Ocean Blvd  
Long Beach, CA 90802  
Phone: (562) 436-3000



REGISTRATION	FEE
<b>FULL PACKAGE:</b> Up to 10 credits..... <u>Includes:</u> Glass/Digital Slides, Attendance & Syllabus. <i>Pre- Registration</i>	<b>\$430.00</b>
<b>FULL PACKAGE: NO credit</b> ..... <u>Includes:</u> Glass/Digital Slides, Attendance & Syllabus.	<b>\$355.00</b>
<b>RESIDENT FULL PACKAGE: NO credits</b> ..... <u>Includes:</u> Glass/Digital Slides, Attendance & Syllabus. <b>** With a letter verifying residency/fellowship status</b>	<b>\$290.00</b>
<b>ATTENDANCE ONLY:</b> Up to 6 credits ..... <u>Includes:</u> Attendance & Syllabus. <i>(Must complete the seminar evaluation form to claim 6 credits only)</i>	<b>\$340.00</b>
<b>ATTENDANCE ONLY: NO credits</b> ..... <u>Includes:</u> Attendance & Syllabus.	<b>\$300.00</b>
<b>RESIDENT ATTENDANCE ONLY: NO credit <b>**SPECIAL DISCOUNT FOR RESIDENTS**</b></b> <u>Includes:</u> Attendance & Syllabus. <b>**With a letter verifying residency/fellowship status</b>	<b>\$100.00</b>

+ Cancellations subject to a 15% overhead charge. **\*Shipping Slides/Syllabus Outside the United States of America, please add \$55.00, Canada add \$45**

**Registration Form:** (complete & mail, fax, or call CTTR)

**Please Circle:** *Check (mail)*      *Visa*      *Master Card*

Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Facility: \_\_\_\_\_

Credit Card number: **Call in to provide your Credit Card**

Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip code of billing address: \_\_\_\_\_

City, State, Country: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check Here**

**Email (required):** \_\_\_\_\_

No, don't share only my first and last name with our exhibitors

Signature for Credit Card Authorization: \_\_\_\_\_

**Mail Registration Form To: California Tumor Tissue Registry, 11021 Campus Street, AH 335, Loma Linda, CA 92350**  
Phone: (909) 558-4788 / Fax: (909) 558-0188 email: [cttr@llu.edu](mailto:cttr@llu.edu)