

# Prostate Cancer Awareness Week® Registration Form

Site ID Number:

*If center address is the same as coordinator, check here.*

Program Coordinator:

Screening Center:

Coordinator Address:

Center Address:

City

City

State Zip

State Zip

Coordinator Telephone:

Scheduling Telephone:

Coordinators FAX:

**Site Participation Level:**

Coordinators E-mail:

*\*\*participation level descriptions are located on page 2. If you are unsure of your classification level, please contact the Director of PCAW\*\**

Screening Site  
Tracking Site  
Longitudinal Site

Website Address:

**Nurses and/or Physicians participating during screening (must be listed):**

**#1 Name & Title:**

**#2 Name & Title:**

**Phone:**

**Phone:**

**E-mail:**

**E-mail:**

*\*\*If more space is needed, please add a continuation sheet with the above information\*\**

Prostate Conditions Education Council  
Suite 125  
Phone: 866-477-6788

7009 S. Potomac Street,  
Centennial, CO 80112  
Fax: 303-320-3835

E-mail: [nicole.weiffenbach@prostateconditions.org](mailto:nicole.weiffenbach@prostateconditions.org)

*\*\*Prostate Cancer Awareness Week is a program of the Prostate Conditions Education Council\*\**