

I'm Cured . . . Now What?
A Conference for Teen and Young Adult
Survivors of Childhood Cancer and Their Parents
Life with Cancer
Saturday, July 25, 2015
Registration Form

Name(s) of Those Attending:

(Survivor) _____ Age _____

(Parents(s)) _____

Address(es)

(survivor) _____ City _____ State _____ Zip _____

(parent/s) _____ City _____ State _____ Zip _____

Phone (survivor) _____ (parent/s) _____

E-mail(s) (survivor) _____ (parent/s) _____

Number attending conference _____

Where (hospital) were you/your son or daughter with cancer treated?

Hospital _____ Diagnosis _____ Age at Dx _____

Do you need a ride from Dunn Loring Metro Station to the Conference? yes no

If yes, cell phone where we can reach you _____

Are you interested in a survivor scholarship application? Yes No

(If yes, an application will be mailed/emailed to you)

Deadline for Registration is 7-22-15.

Deadline for submission of Scholarship application is 7-15-15

2:15 Breakout Sessions *(please number 1st, 2nd, and 3rd choices)*

Survivor	Parent(s)	Sibling(s)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition & Cooking Demo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reiki and Massage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zumba

Mail this form to: Life with Cancer
8411 Pennell Street
Fairfax, VA 22031

Questions?

Contact: Connie Connor, LCSW
703-531-1515
or constance.connor@inova.org

Or Fax this form to: 703-531-1597 **Or scan/email completed form to:** constance.connor@inova.org