



2017 Triage Cancer Conferences

Travel Assistance Application

Please answer the following questions to apply for travel assistance to attend one of the 2017 Triage Cancer Conferences. Triage Cancer agrees to keep all information provided in this application confidential and it will not be shared outside of the selection committee. If you have questions, please email info@TriageCancer.org.

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip _____

Are you a (please check all that apply) *

- Cancer Survivor (pre-treatment)
- Cancer Survivor (in treatment)
- Cancer Survivor (post-treatment)
- Caregiver
- Oncology Nurse
- Oncology Navigator
- Oncology Social Worker
- Advocate
- Other: _____

Age: _____

Gender:

- Male
- Female
- Prefer not to say
- Other: _____

Type of Cancer: (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Ovarian Cancer |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Pancreatic Cancer |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Testicular Cancer |
| | <input type="checkbox"/> Other: _____ |

Work Status:

- Employed full-time
- Employed part-time
- Looking for full-time work
- Looking for part-time work
- Neither working nor looking for work
- Self-employed
- Retired

Which Triage Cancer Conference are you interested in attending?

- Oklahoma City, OK ~ May 20
- Madison, WI ~ June 10
- Morgantown, WV ~ September 23

How did you hear about these conferences?

Approximately how many miles are you traveling to attend the conference? _____

Please describe your need for travel assistance and your financial situation: (For example, what financial hardships have you experienced as a result of your cancer diagnosis, do you have any ongoing financial hardships like medical bills, student loans, etc.) **Feel free to attach additional pages is necessary.*

Please describe what you hope to gain from attending the Triage Cancer Conferences and how you think you might be able to share the information you learn with your community. **Feel free to attach additional pages is necessary.*

Is there anything else you would like to share with the selection committee? **Feel free to attach additional pages is necessary.*

- I agree to attend the entire conference

- I agree to provide a brief testimonial about my conference experience, in writing or on video.

Signature: _____ Date: _____

Please submit this form to info@TriageCancer.org. You will receive an email within 24 hours confirming receipt and your registration for the event. Thank you and we look forward to seeing you on June 10th!