



September 22, 2018 ~ Reno, NV

Registration Form

Please answer the following questions to register for a free Triage Cancer Conference in Reno, NV, on September 22, 2018. If you have questions, please email info@TriageCancer.org. Thank you.

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

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

Company/Organization (if applicable) _____

Title (if applicable) _____

Type of Cancer (Caregivers please indicate the type of cancer your loved one is coping with ~ Health care professionals, please indicate the type of cancer the majority of your patients are dealing with):

- Brain Tumor
- Breast Cancer
- Leukemia
- Lung Cancer
- Lymphoma
- Multiple Myeloma
- Ovarian
- Pancreatic Cancer
- Prostate Cancer

- Testicular Cancer
- Other: _____

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: _____

Do you need an accommodation (e.g., special meal, wheelchair accessible, etc.)? Y/N If you need an accommodation, please describe: _____

What topics are you most hoping to learn about at this conference? (Check all that apply) *

- Health Insurance Options
- Health Insurance Navigation
- Clinical Trials
- Employment Rights
- Disability Insurance
- Navigating Finances After Cancer
- Financial Assistance
- Other: _____



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In order to provide this conference for free, we have sought funding from various sources. These funders have asked that we evaluate the effectiveness of this conference. In order to do so, we are asking attendees to answer a few questions before the conference. You will be asked similar questions after the conference. Please don't worry if you don't know the answers to these questions today! Thank you and we look forward to seeing you in Ypsilanti!

1. What should you compare when shopping for a health insurance plan?
 - Cost share amount
 - Out-of-pocket maximum
 - Provider Network
 - Formulary
 - All of the above

2. The Americans with Disabilities Act may provide an eligible individual with a disability:
 - A. Protection against discrimination in the workplace
 - B. Reasonable accommodations
 - C. A change in work schedule
 - D. Paid time off from work
 - E. A, B, and C
 - F. All of the above

3. You should wait to pay a medical bill until you receive your explanation of benefits from your insurance company.
 - True False

4. Medical providers can send your unpaid bills to a collection agency.
 - True False

5. An effective survivorship care plan should include:
 - A. Treatment summaries
 - B. Follow up care plans
 - C. Information on psychosocial issues
 - D. Information on practical issues
 - E. Resources and referral
 - F. All of the above
 - G. A, B, and C

6. An individual coping with cancer may need:
 - A. A will
 - B. A trust
 - C. A power of attorney for financial affairs
 - D. An advance directive
 - E. All of the above

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 September 22nd!