



May 20, 2023 ~ Online

## Registration Form

Please answer the following questions to register for a free, virtual Triage Cancer Conference on May 20, 2023. If you have questions, please email [info@TriageCancer.org](mailto:info@TriageCancer.org). Thank you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company/Organization (if applicable) \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

How did you hear about this conference?

\_\_\_\_\_

**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):

- |   |  |
|---|--|
| <input type="checkbox"/> Brain Tumor        | <input type="checkbox"/> Testicular Cancer       |
| <input type="checkbox"/> Breast Cancer      | <input type="checkbox"/> Thyroid Cancer          |
| <input type="checkbox"/> Blood Cancer       | <input type="checkbox"/> Bladder Cancer          |
| <input type="checkbox"/> Lung Cancer        | <input type="checkbox"/> Cervical Cancer         |
| <input type="checkbox"/> Lymphoma           | <input type="checkbox"/> Cholangiocarcinoma      |
| <input type="checkbox"/> Leukemia           | <input type="checkbox"/> Colon Cancer            |
| <input type="checkbox"/> Multiple Myeloma   | <input type="checkbox"/> Endometrial Cancer      |
| <input type="checkbox"/> Melanoma           | <input type="checkbox"/> Head & Neck Cancer      |
| <input type="checkbox"/> Ovarian Cancer     | <input type="checkbox"/> Kidney Cancer           |
| <input type="checkbox"/> Other blood cancer | <input type="checkbox"/> Liver Cancer            |
| <input type="checkbox"/> Osteosarcoma       | <input type="checkbox"/> Stomach Cancer          |
| <input type="checkbox"/> Pancreatic Cancer  | <input type="checkbox"/> Uterine Cancer          |
| <input type="checkbox"/> Prostate Cancer    | <input type="checkbox"/> Vaginal Cancer          |
| <input type="checkbox"/> Rectal Cancer      | <input type="checkbox"/> Other medical condition |
| <input type="checkbox"/> Skin Cancer        | <input type="checkbox"/> Unknown                 |
| <input type="checkbox"/> Other: _____       |  |

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**Are you a:** (please check all that apply) \*

- Individual Diagnosed with Cancer (pre-treatment)
- Individual Diagnosed with Cancer (in treatment)
- Individual Diagnosed with Cancer (post-treatment)
- Individual Diagnosed with Cancer (metastatic)

- Caregiver
- Oncology Nurse
- Oncology Navigator
- Oncology Social Worker
- Advocate
- Attorney
- Other: \_\_\_\_\_

**I identify my race/ethnicity as:** \*

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latinx
- Middle Eastern or North African

- White
- Prefer not to answer
- Other race, ethnicity, or origin:  
\_\_\_\_\_

**I identify my gender as:**

- Woman
- Man
- Transgender

- Non-binary/non-conforming
- A gender not listed here
- Prefer not to answer

**What age range applies to you?**

- 0-18
- 19-39
- 40-64

- 65+
- Prefer not to share

**Do you need an accommodation (e.g., food allergies or restrictions, etc.)?**

- Yes
- No

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
- Using Health Insurance
- Employment Rights
- Disability Insurance
- Estate Planning
- Managing Finances

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Please answer the following questions to the best of your ability. The results help us gauge the effectiveness of these trainings. Please do not Google the answers to these questions.

1. The Americans with Disabilities Act may provide an eligible individual with a cancer diagnosis:
  - A. Protection against discrimination in the workplace
  - B. Reasonable accommodations
  - C. Paid time off from work
  - D. A and B
  - E. A, B, and C
  
2. What is the key math problem used to figure out your total costs for a health insurance plan and your medical care for the year?
  - A. Deductible + co-payments + co-insurance
  - B. Monthly premium + deductible + co-payments + co-insurance + out-of-pocket maximum
  - C. (Monthly premium x 12) + out-of-pocket maximum
  - D. (Monthly premium x 12) + deductible
  
3. When enrolling in Medicare how many Medicare Options are there to choose from?
  - A. Three options: Original Medicare, Medicare Advantage, or a Medigap Plan
  - B. Two options: Original Medicare or Medicare Advantage
  - C. One option: Original Medicare
  - D. Four options: Medicare Part A, Medicare Part B, Medicare Part C, or Medicare Part D
  
4. When creating an Advance Health Care Directive, it is recommended to appoint co-agents.
  - A. True
  - B. False
  
5. What is the likelihood of an external health insurance appeal being decided in favor of the patient?
  - A. up to 60%
  - B. less than 20%
  - C. up to 80%
  - D. less than 1%
  
6. An individual may receive SSDI and collect private long-term disability insurance benefits at the same time.
  - A. True
  - B. False

Please submit this form to [info@TriageCancer.org](mailto: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 virtually on May 20!