Cancer Services of New Mexico’s

SPRING 2017
FAMILY CANCER RETREAT

A free educational program for New Mexico’s adult cancer patients/survivors, their family members and loved ones who care for them

April 21-23, 2017
Marriott Pyramid North Hotel
Albuquerque, NM

APPLICATION PACKET
The retreat will also provide participants with the opportunity to spend time with each other in informal sessions, speaking with and learning from others who are coping with similar issues.

Supervised child care and recreational activities will be provided for children and teens during the educational sessions.

Logistics and Fees

The program will be held from April 21-23, 2017 at the Marriott Pyramid North hotel in Albuquerque, New Mexico.

There is no charge to participate in the retreat — the entire program, including meals, lodging, and all educational activities is provided at no cost to participants. However, space is limited so we encourage interested families to apply as early as possible. For more information, please contact Mike Capeless at (505) 239-4239, or go to our website — www.CancerServicesNM.org.
Application Process

To start the application process, please complete the attached Application Form and return it to:

Spring 2017 Family Cancer Retreat
Cancer Services of New Mexico
P.O. Box 51344
Albuquerque, NM 87181-1344

Our facilities can accommodate up to four people per family, sharing a hotel room with a private bathroom. Participants must be New Mexico residents, and may include:

- One adult cancer patient/survivor;
- One adult family member or loved one who has served as their primary caretaker; and
- Two additional family members or friends

If these arrangements will not meet your family’s requirements, please contact us before returning your application to discuss how we might accommodate you.

Once we receive your Application Form, we will review it closely and get back to you within a few weeks to let you know if we will be able to accommodate your family. If so, we will send you a registration packet containing a variety of materials, including a detailed agenda, participant information forms, physician consent form, medical/liability waiver form, and a map.

If you have any questions, please contact us at (505) 239-4239 or info@CancerServicesNM.org.

We look forward to reviewing your application!

The Spring 2017 Retreat Planning Committee
Please provide all requested information for all participants. This information will be kept confidential to Cancer Services of New Mexico. Return completed form to Cancer Services of New Mexico, P.O. Box 51344, Albuquerque, NM 87181-1344, or via fax to (505) 266-3712. Questions? Call Mike at (505) 239-4239.

Spring 2017 Family Cancer Retreat Application

Adult Cancer Patient/Survivor Information

Full Name

Address

City State Zip

Home Phone # Email address

Alternate Phone # (work/cell/other)

M____ F____ Date of Birth ____________

Type of Cancer Date of Diagnosis

Oncologist’s Name* Oncologist’s Phone #

Briefly describe your current treatment regimen:

Has your family attended a previous Family Cancer Retreat?

☐ No ☐ Yes - Date(s):__________________

* Prostate cancer patients/survivors may provide the name/phone # of their urologist.

Adult Caregiver/Supporter Information

Full Name

Home Phone # Email address

Alternate Phone # (work/cell/other)

M____ F____ Date of Birth ____________

Relationship to Cancer Patient/Survivor

Other Family Members/Friends Participating

1. Full Name

M____ F____ Date of Birth ____________

Relationship to Cancer Patient/Survivor

2. Full Name

M____ F____ Date of Birth ____________

Relationship to Cancer Patient/Survivor

How did you learn about this program?

Where did you get this application?

Please read and sign:

In making this application for Cancer Services of New Mexico’s Spring 2017 Family Cancer Retreat, I state that the foregoing information is complete and accurate to the best of my knowledge. I authorize my oncologist and his/her representatives to release information regarding my ability to participate in the Spring 2017 Family Cancer Retreat to Cancer Services of New Mexico or its agents and employees. I release from all liability all individuals and organizations that provide information about me regarding this application.

Print Adult Cancer Patient/Survivor Name

Signature ____________________________ Date ____________
Cancer Services of New Mexico is an independent, non-profit, organization that provides services to reduce cancer suffering for New Mexico’s families. We work closely with other cancer services providers to ensure coordination and avoid duplication of effort. We are the only statewide non-profit organization that looks broadly at addressing gaps in cancer-related services while maintaining a 100% focus on New Mexico.

Cancer Services of New Mexico
P.O. Box 51344
Albuquerque, NM 87181-1344
Phone: (505) 239-4239
Email: info@CancerServicesNM.org
Website: www.CancerServicesNM.org

For more information about our Family Cancer Retreats, or about our other programs, please contact us!

Thanks to Our Supporters! (as of 1/9/17)

The Spring 2017 Family Cancer Retreat is made possible by grants and contributions from many generous supporters:

Diamond Level:
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Gold:
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MERRIMACK PHARMACEUTICALS
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Comprehensive Cancer Center

In-Kinds:
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