



October 2, 2021 ~ Virtual

Registration Form

Please answer the following questions to register for a free, virtual Triage Cancer Conference on October 2, 2021. 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):

- | | |
|--|---|
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Bladder Cancer |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Cervical Cancer |
| <input type="checkbox"/> Blood Cancer | <input type="checkbox"/> Colorectal Cancer |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Endometrial Cancer |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Head & Neck Cancer |
| <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Kidney Cancer |
| <input type="checkbox"/> Ovarian Cancer | <input type="checkbox"/> Liver Cancer |
| <input type="checkbox"/> Pancreatic Cancer | <input type="checkbox"/> Stomach Cancer |
| <input type="checkbox"/> Prostate Cancer | <input type="checkbox"/> Uterine Cancer |
| <input type="checkbox"/> Testicular Cancer | <input type="checkbox"/> Vaginal Cancer |
| <input type="checkbox"/> Other: _____ | |

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

- | | |
|--|---|
| <input type="checkbox"/> Individual Diagnosed with Cancer (pre-treatment) | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Individual Diagnosed with Cancer (in treatment) | <input type="checkbox"/> Oncology Nurse |
| <input type="checkbox"/> Individual Diagnosed with Cancer (post-treatment) | <input type="checkbox"/> Oncology Navigator |
| | <input type="checkbox"/> Oncology Social Worker |
| | <input type="checkbox"/> Advocate |
| | <input type="checkbox"/> Other: _____ |

I identify my race/ethnicity as: *

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latinx |

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- | | |
|--|---|
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other race, ethnicity, or origin |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> White | |

Do you need an accommodation (e.g., closed captioning, 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) *

- | | |
|--|---|
| <input type="checkbox"/> Health Insurance Options | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Health Insurance Navigation | <input type="checkbox"/> Navigating Finances After Cancer |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Employment Rights | <input type="checkbox"/> Other: _____ |

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 virtually on October 2!