



Men's Cancer Survivorship Retreat Application
For men diagnosed with prostate or testicular cancers
Kenai Riverside Lodge September 5-7, 2014
Cooper Landing, Alaska



THE APPLICATION DEADLINE IS
AUGUST 22, 2014

SPACE IS LIMITED AND WILL BE FILLED ON A FIRST COME, FIRST SERVE BASIS

The Men's Cancer Survivorship Retreat is for men diagnosed with prostate or testicular cancer. Transportation from Anchorage, lodging and meals are included, as well as a half -day activity of fly fishing, river rafting or hiking.

This two-day Retreat will include an evening discussion on cancer survivorship hosted by Dr.Settle, Dr. Lubke, and other cancer experts.

Please fill out the entire application and submit it by mail, fax, or email to the address at the bottom of the application. For additional information or questions, please contact Stacy Kelley at (907) 729-2927, sfkelley@anthc.org or Theresa Wells, (907) 729-2495 tmwells@anthc.org

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 Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Contact phone number: (907) _____

Fax: (907) _____ E-mail: _____

Birth date: _____ Occupation: _____

Emergency Contact: _____ Emergency Contact Phone: _____

How do you prefer to be contacted? Phone _____

How did you hear about the Retreat?

Doctor Local Support Group Family or Friend Other _____

The cost of the Retreat weekend is \$150 per person. If accepted into the Retreat*:

I will provide full payment Request full scholarship Request partial scholarship

*Your response will not affect your application status. No additional information will need to be provided in order to attend.

Please mail, fax or email application to:
 ANTHC Cancer Program, Attn: Stacy Kelley, 3900 Ambassador Drive C-DCHS Anchorage, AK 99508
 Fax (907) 729-2924 / E-mail: sfkelley@anthc.org

Please describe your experience with cancer:

Date of diagnosis - _____

Type of cancer - _____

Type of treatment - _____

Years or months cancer free - _____

Do you have any issues or topics you would like to discuss at the Retreat? _____

Do you have any physical restrictions or special needs? _____

Do you have any dietary preferences or requirements? _____

Any other allergies we should know about? _____

You have your choice of activity during the retreat on **Saturday, September 6th** . Please mark which activity you would like to do:

- Fly Fishing (trout) – Guided catch and release
- Rafting – Guided float on the Kenai River
- Hiking – Guided hike in the Cooper Landing area
- No Preference – Just sign me up for whatever activity has not been filled

Do you have any prior experience with the activity you picked?

No Yes

Are you taking the lodge transportation shuttle RT from Anchorage to Cooper Landing?

No, I am responsible for my own travel Yes

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Have you ever attended a support group or cancer survivorship Retreat before?

No I don't know of any groups Yes – If yes, please describe:

Have you accessed any of the following resources for your cancer diagnosis?

- No Yes If yes, please indicate resources
- Written Brochures
- Books
- Scientific Journals/ Magazines
- American Cancer Society Resource Center
- Providence Cancer Resource Center
- Cancer Care Alliance (Alaska Regional Hospital)
- Us Too or Support Group
- American Cancer Society's Man to Man Program
- Internet/Websites
- Doctor's Office or Clinic Staff Information
- Prostate Cancer Foundation Materials
- Livestrong Foundation Materials
- Other: _____

Do you feel your recovery and survivorship needs are being met?

- Yes No, please comment on what you would like to see
-

Do you feel you are able to ask your Doctor questions regarding your cancer diagnosis and recovery?

- Yes No please comment on what topics you would like discuss with your Doctor
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Who do you usually discuss your recovery and cancer experience with? Check all that apply

- Nobody Spouse Close Family and/or Friends only Family and Friends
- Anyone Doctor Support Group Other _____

If the Retreat is full, would you like to be placed on a waitlist? Yes No

Optional Questions

What ethnicity best describes you?

- White Black Alaska Native/American Indian Asian /Pacific Islander
- Hispanic/ Latino Other _____

Please feel free to provide any additional information:

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I understand that my participation in any Men's Survivorship Retreat activities is strictly voluntary and is not the responsibility with the Alaska Native Tribal Health Consortium or State of Alaska. I am aware that I should consult with a physician before I undertake any physical activities related to this retreat. I will not, nor will anyone acting on my behalf, hold the Alaska Native Tribal Health Consortium or State of Alaska, or any of its agencies, officers, agents, or employees, responsible for any injuries that might occur from my participation in a retreat activity.

I acknowledge that I have read this Men's Survivorship Retreat Liability Acknowledgement Form and that I am freely and voluntarily signing it.

PARTICIPANT SIGNATURE

DATE

Thank you for your application.

We will contact you within one week regarding the status of your application. Your request for financial assistance will have NO effect on your acceptance into the Retreat. The Retreat availability will be based on first come first serve basis; we are limited to 16 survivors.

Accepted participants will receive a packet and detailed information about the weekend Retreat by regular U.S. mail and email about one week before the Retreat.