

BMTinfonet.org

BLOOD & MARROW TRANSPLANT INFORMATION NETWORK

SURVIVORSHIP SYMPOSIUM



Survivor and Family Members Registration Form:

Welcome! Please fill in your registration information on this page. If you are registering additional people, please complete a separate registration for each.

Patient's Name _____

Your Name _____

Your Email Address _____

Tell us about the Patient/Survivor

Patient's Diagnosis

- ☐ Acute myelogenous leukemia (AML)
- ☐ Acute lymphoblastic leukemia (ALL)
- ☐ Chronic myelogenous leukemia (CML)
- ☐ Chronic lymphocytic leukemia (CLL)
- ☐ Myelodysplasia (MDS)
- ☐ Non-Hodgkin Lymphoma
- ☐ Hodgkin Disease
- ☐ Mantle Cell Lymphoma
- ☐ Multiple Myeloma
- ☐ Neuroblastoma
- ☐ SCID
- ☐ Wiskott Aldrich Syndrome
- ☐ Severe Aplastic Anemia
- ☐ Sickle Cell Disease
- ☐ Thalassemia
- ☐ Waldenstrom's Macroglobulinemia
- ☐ Not applicable
- ☐ Other (enter the diagnosis below if it is not listed above) _____

Enter the year of patient's last transplant. _____

Have you had more than one Transplant?

☐ Yes ☐ No

Patient's type of transplant:

- ☐ Autologous Transplant (you used your own stem cells or bone marrow)
- ☐ Transplant with related donor or cord blood cells
- ☐ Transplant with unrelated donor or cord blood cells
- ☐ Reduced intensity transplant with related donor or cord blood cells
- ☐ Reduced intensity transplant with unrelated donor or cord blood cells
- ☐ Don't Know
- ☐ Other (enter the type of transplant if it is not listed above) _____

Transplant Center _____

Survivor did have GVHD? ☐ Yes ☐ No

Survivor has chronic GVHD? ☐ Yes ☐ No

Information about the Registrant:

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip code _____

Country _____

Cell Number _____

Work Number _____

Home Number _____

Birth Year of Registrant _____

My relationship to transplant survivor:

- ☐ Pediatric Transplant Survivor (I was transplanted as a child)
- ☐ Adult Transplant Survivor (I was transplanted as an adult)
- ☐ Spouse of Survivor
- ☐ Partner of Survivor
- ☐ Parent of a Pediatric Survivor
- ☐ Parent of an Adult Survivor
- ☐ Sibling of Survivor
- ☐ Child of Survivor
- ☐ Grandparent of Survivor
- ☐ Other Relative of Survivor
- ☐ Bone Marrow/Stem Cell Donor
- ☐ Unrelated Caregiver of Survivor
- ☐ Other (Please specify your relationship to the survivor if it is not listed above) _____

SATURDAY WORKSHOPS

Please choose a workshop to attend from each time period below.

Welcoming Remarks 9:30am

You are Already the Hero of Your Own Story

☐ Yes, I will attend ☐ No, I will not attend

10:30-11:30pm

- ☐ Strive to Thrive: How to Protect Your Health after an Allogeneic Transplant (transplant using donor cells) - (also at 11:45 am)
- ☐ Strive to Thrive: How to Protect Your Health after an Autologous Transplant (transplant using your own cells) - (also at 11:45 am)
- ☐ Riding the Emotional Roller Coaster of Survival (also at 11:45)
- ☐ Optimizing Nutrition after Transplant: Facts and Myths about Popular Diets (also at 2:15)
- ☐ Your Personal Survivorship Plan: What, Why and How
- ☐ [Pediatric Track: Growth and Endocrine Issues after Surviving a Pediatric Transplant](#)
- ☐ [Workshop for Pediatric Transplant Survivors and Siblings](#)
- ☐ I will not attend a workshop during this time

11:45-12:45pm

- ☐ Introduction to Chronic Graft versus Host Disease (GVHD)

- ☐ Yoga and Meditation for Transplant Survivors and Caregivers (also at 2:15)
- ☐ [Pediatric Track: Protecting Your Child's Health after Transplant/Transitioning to Adult Care](#)
- ☐ [Workshop for Pediatric Transplant Survivors and Siblings - Session 2 \(also at 10:30 and 2:15\)](#)
- ☐ Riding the Emotional Roller Coaster of Survival (also at 10:30)
- ☐ Strive to Thrive: How to Protect Your Health after an Allogeneic Transplant (transplant using donor cells) - (also at 10:30 am)
- ☐ Strive to Thrive: How to Protect Your Health after an Autologous Transplant (transplant using your own cells) - (also at 10:30 am)
- ☐ I will not attend a workshop during this time

1:00-2:00 pm: Lunch

2:15-3:15pm

- ☐ Herbal Remedies and Supplements: Are They Safe? Do They Help?
- ☐ Managing Sleep Problems after Transplant
- ☐ [Pediatric Track: Helping Your Child with Learning and Organizational Challenges Following Transplant](#)
- ☐ Welcome to the Cancer Cafe: A Myeloma Patient's Journey to Transplant
- ☐ [Workshop for Pediatric Transplant Survivors and Siblings - Session 3 \(also at 10:30 and 11:45\)](#)
- ☐ Optimizing Nutrition after Transplant: Facts and myths about Popular Diets (also at 10:30)
- ☐ Yoga and Meditation for Transplant Survivors and Caregivers (also at 11:45)
- ☐ I will not attend a workshop during this time

3:30-4:00 pm: Plenary Session

Reconvene for Networking Groups

4:15-5:30 pm NETWORKING GROUPS:

Relaxing, small group discussions with other survivors, caregivers and family members to share experiences and ideas about managing life after transplant. Meet new friends, say what's on your mind, and find support.

I will attend a Networking Group? ☐ Yes ☐ No

SUNDAY WORKSHOPS

Please choose a workshop to attend from each time period below.

7:00 -8:30 Continental Breakfast

8:30-9:30am

- ☐ Secure Your Oxygen Mask First: How to Manage the Challenges of Caregiving
- ☐ CAR-T and Other Immunotherapies: Their Role after Transplant
- ☐ Your Mouth and Chronic Graft versus Host Disease (GVHD)
- ☐ Managing Neuropathy after Transplant (also at 9:45)
- ☐ How Exercise Can Help with Fatigue and Improve Stamina and Strength (also at 9:45)
- ☐ Tips for Getting and Using Health Insurance
- ☐ I will not attend a workshop during this time

9:45-10:45am

- ☐ Chronic Graft versus Host Disease (GVHD) of the Gastrointestinal Tract and Liver
- ☐ Coping with Learning, Memory and Attention Problems after Transplant (also at 11:00)
- ☐ Men's Sexual Health after Transplant
- ☐ Express Yourself! The Role of Expressive Writing in the Healing Process (also at 12:15)
- ☐ Managing Neuropathy after Transplant (also at 8:30)
- ☐ How Exercise Can Help with Fatigue and Improve Stamina and Strength (also at 8:30)
- ☐ I will not attend a workshop during this time

11:00-12:00pm

- ☐ Women's Sexual Health after Transplant
- ☐ Medical Marijuana: Is It Safe? Does It Help?
- ☐ Chronic Graft versus Host Disease (GVHD) of the Skin and Connective Tissue
- ☐ Spirituality in the Healing Process: What It is and Why It Matters
- ☐ Ask the Transplant Experts (also at 12:15)
- ☐ Coping with Learning, Memory and Attention Problems after Transplant (also at 9:45)
- ☐ I will not attend a workshop during this time

12:15-1:15pm

- ☐ Employment Rights and Disability Insurance
- ☐ Your Eyes and Chronic Graft versus Host Disease (GVHD)
- ☐ Using Music to Help Recover from Transplant
- ☐ Options for Building a Family after Transplant
- ☐ Ask the Myeloma Experts
- ☐ Ask the Transplant Experts (also at 11:00)
- ☐ Express Yourself! The Role of Expressive Writing in the Healing Process (also at 9:45)
- ☐ I will not attend a workshop during this time

MEALS

Will you be attending Saturday's lunch?

☐ Yes ☐ No

Do you prefer a vegetarian lunch on Saturday?

☐ Yes ☐ No

Will you attend the Reception on Saturday from 5:45-7:30

☐ Yes, I will attend

☐ No, I will not attend

Will you be attending Sunday's Breakfast?

☐ Yes ☐ No

Will you be attending Sunday's Lunch/Closing Ceremony?

☐ Yes ☐ No

Do you prefer a vegetarian lunch on Sunday?

☐ Yes ☐ No

Please describe any special needs you have.

I understand that BMT InfoNet will be taking photos during the symposium. I give my consent for BMT InfoNet to use photos that include me for purposes of communicating with the public about services offered by BMT InfoNet.

Permission to use Photograph: ☐ Yes ☐ No

2019 Symposium Payment

If you are registering more than one person, you only need to complete the **Symposium Payment** information on one of the registration forms.

Registration fee is \$35.00

Scholarships are available for any survivor and one family member, or two-family members of a pediatric survivor, who cannot afford the registration fee.

The registration fee covers only a small portion of cost of providing the conference space, materials, speakers and food for you. If you are able, we would welcome any additional contribution you care to make to help defray these expenses.

Number of people you are registering _____ Number attending on a scholarship (limit two) _____

• Total number of registrants _____ x \$35 = \$ _____

• I would like to make an additional donation of \$ _____

TOTAL REGISTRATION FEE \$ _____

Two ways to pay:

1. ☐ **I am paying by credit card**

Cardholder's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Payment Information: ☐ MasterCard ☐ Visa ☐ Discover ☐ AmEx

Account # _____ Exp date _____ Security code _____

2. ☐ **Enclosed find my check payable to BMT InfoNet**

If you are paying by credit card or attending on a scholarship, you can mail your registration to the address below, or Fax it to BMT InfoNet at 847-433-4599. Call us toll free at 888-597-7674 to make sure your fax was received.

To Mail your registration send check or credit card information to:

BMT InfoNet Symposium
1548 Old Skokie Road
Highland Park, IL 60035

We look forward to seeing you at the **Celebrating a Second Chance at Life Symposium**

DoubleTree by Hilton at the Entrance of Universal Orlando
5780 Major Blvd.
Orlando, Florida

Questions: Please call 1-888-597-7674 or email: Cindy@bmtinfo.net or visit the symposium website at:
www.bmtinfo.net/symposium2019