

2010 Stowe Weekend of Hope

First-Time Attendee Application

We encourage you to apply online at <http://www.stoweohope.org>
Please do not use one form for more than one registration; duplicate as necessary. Thank you.

REGISTRATION TYPE:

I am a: First Time Attendee Returning Attendee

ATTENDEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Name of the person completing this application: _____

Daytime Phone: _____ Email: _____

GROUP INFORMATION: *(only fill this section out if you will be attending with a group of survivors)*

Group Name: _____

Group Leader Name: _____

Daytime Phone: _____ Email: _____

HEALTH INFORMATION:

Cancer Type: _____ Metastatic: Yes No

Diagnosis Date: ____/____/____ Doctor's Name: _____

What state do you receive treatment in?

How did you hear about the Stowe Weekend of Hope? *(Select all that apply)*

Mailing MD's Office Friend/Family Newspaper Internet/Website Previous Attendee

Caregiver Support Group Other: _____

Why would you like to participate in the Stowe Weekend of Hope? _____

Would you like your cancer type as well as the years of survivorship on your nametag? Yes No

adults in your party? _____

children in your party? _____

LODGING INFORMATION:

I need a: 1 Bedded Room 2 Bedded Room No Room Required

Check in date: / / Check out date: / /

Lodging special needs (please be specific): _____

OPTIONAL FRIDAY EVENTS: (survivors only, please do not select overlapping sessions)

- 9:00 am – 3:00 pm Pink Cope, Pink Hope
- 10:00 am – 12:00 pm Using the Relaxation Response to Enhance Immune Function
- 10:00 am – 12:00 pm Healing the body with the Mind
- 1:30 pm – 3:30 pm Healing Art & Writing
- 1:30 pm – 3:30 pm Boost Your Inner Resources with Hypnosis

APPLICATION TYPE: (please select one)		PRICE	TOTAL
First Time Attendee – Complimentary Overnight Lodging		\$50.00	
First Time Attendee – No Lodging Required		\$0.00	
OPTIONAL DESSERT & DISCUSSIONS: (7:30 pm – 9:00 pm)		QTY	PRICE
Exercise for Cancer Survivors: Exploring Benefits & Eliminating Barriers			\$15.00
Survive and Thrive			\$15.00
Thyroid/Understanding Thyrogen			\$15.00
Advances in the Treatment for Ovarian Cancer			\$15.00
Colorectal Cancer			\$15.00
Metastatic Cancer			\$15.00
Breast Cancer			\$15.00
OPTIONAL EVENT:		QTY	PRICE
Dance Party to Benefit SWOH (registered attendees)		1	\$5.00
Guest Ticket(s) for Dance Party to Benefit SWOH			\$15.00
DONATION		PRICE	TOTAL
I would like to make a donation to the Stowe Weekend of Hope			
GRAND TOTAL			

METHOD OF PAYMENT

Check #: _____ (Please make checks payable to Stowe Weekend of Hope, Inc.)

Master Card Visa American Express Discover (Charge will appear as Delaney Meeting & Event Mgmt.)

Credit Card #: _____ Exp Date: ____ / ____

Name on the card: _____

Signature: _____

Instructions for completing this application:

REGISTRATION TYPE:

If you have attended the Stowe Weekend of Hope in past years, please select Returning Attendee. If this is your first time attending this event, please select First Time Attendee.

ATTENDEE INFORMATION:

Please fill in all of your contact information. If a field does not apply please leave it blank or put N/A in the field.

GROUP INFORMATION:

If you are attending the Stowe Weekend of Hope with a group (this does not include your family members) please fill out the group name, group leader's name, group leader's daytime phone number and email if available.

HEALTH INFORMATION:

Please fill out as all sections that apply.

LODGING INFORMATION:

If you have registered as a First Time Attendee – complimentary overnight lodging, please indicate what type of lodging you will need and any specific needs you may have. If you registered as a First time attendee – no lodging required, please skip this section.

OPTIONAL FRIDAY EVENTS:

If you are interested in attending any of the Friday workshops, please select which workshops you would like to participate in. Due to space limitations these workshops are for survivors only. These workshops take place during the day so please make sure you will be available to attend them. Please do not select overlapping sessions.

APPLICATION TYPE:

- **First Time Attendee - Complimentary Overnight Room**
By selecting this option, you are agreeing to be placed in any available room based on your needs; you will not be able to specify a property, but we will ask you what type of room you require and any special needs that you may have. A refundable \$50 lodging deposit is required to process your application which we encourage you to donate to the Stowe Weekend of Hope. If you wish to have your lodging deposit refunded, we will do so at the completion of the event. We will make every effort to fulfill your complimentary lodging request, however should there no longer be rooms available at the time your application is submitted we will refund your deposit.
- **First Time Attendee - No Room Required**
By selecting this option you plan on attending the Stowe Weekend of Hope for the first time and you do not require any lodging in Stowe, Vermont.

OPTIONAL DESSERT AND DISCUSSIONS:

Dessert and discussions are open to all survivors and their families. The cost per ticket is \$15. All the discussions take place from 7:00 – 9:30 pm in various locations around Stowe, Vermont.

OPTIONAL EVENT:

The Dance Party to Benefit SWOH will take place on Saturday, May 1 at the Topnotch Tennis Center. Come dance, mingle, enjoy the music, and support SWOH. Tickets are \$5 for registered SWOH attendees and \$15 for guests of survivors and the general public. *(100% of door donated to SWOH, 10% of bar donated to SWOH, Proceeds will be used to keep this wonderful event going another 10 years!)*

METHOD OF PAYMENT:

Payment is due on receipt of your application. Please mail this application and payment to **Stowe Weekend of Hope**, c/o Delaney Meeting & Event Management, One Mill St, #301, Burlington, VT 05401. If you pay with a credit card, please note a charge from Delaney Meeting and Event Management will appear on your credit card statement.

QUESTIONS:

If you have any questions regarding this application, please call 1-888-247-8693. Or visit the website at www.stowehope.org for more information.