

# 2010 Stowe Weekend of Hope

## Returning 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
Returning Attendee – I will reserve a room through Stowe Area Association – <b>(\$15 registration fee required)</b>		\$15.00	
Returning Attendee – No Lodging Required - <b>(\$15 registration fee required)</b>		\$15.00	
OPTIONAL DESSERT & DISCUSSIONS: (7:30 pm – 9:00 pm)	QTY	PRICE	TOTAL
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	TOTAL
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			
<b>GRAND TOTAL</b>			

**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 of survivors (*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 Returning Attendee – I will reserve a room through Stowe Area Association, please indicate what type of lodging you will need and any specific needs you may have. **Please do not contact the hotels directly.** If you registered as a Returning 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:

- **Returning Attendee – I will reserve a room through Stowe Area Association - \$15 fee required.**  
By selecting this option you a Stowe Weekend of Hope representative will contact you to book your lodging. **DO NOT CONTACT THE HOTELS DIRECTLY.**
- **Returning Attendee - No Room Required - \$15 fee required.**  
By selecting this option you plan on attending the Stowe Weekend of Hope as a returnee 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 your application and payment to **Stowe Weekend of Hope**, c/o Delaney Meeting and 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](http://www.stowehope.org) for more information.