



MISSISSIPPI STATE DEPARTMENT OF HEALTH

March 8, 2019

The Mississippi State Department of Health, Office of Preventive Health, Comprehensive Cancer Control Program and the Mississippi Partnership for Comprehensive Cancer Control are excited to offer you the opportunity to apply to attend our Sixth Annual Cancer Survivors and Caregivers Educational Conference “*Managing Cancer Challenges*” on May 7-8, 2019. The conference is being held at the Hotel Vue in Natchez, MS. The purpose for the conference is to provide information and knowledge on survivorship and provide access to information on possible resources that are available to cancer survivors and caregivers. Participants will be recruited through oncologist, cancer support groups, and other organizations that serve cancer survivors.

During the conference you will have the opportunity to:

- Interact with others who have been affected by cancer and chronic diseases
- Learn from cancer and chronic disease specialists
- Give back by supporting and educating others who are at risk
- Build capacity to ultimately increase your quality of life while learning to live with cancer and other chronic diseases

The educational sessions will include topics such as:

- Dealing with Difficult Emotions
- Physical Activity and Exercise
- Making Decisions
- Healthy Eating
- Communication Skills
- Problem-Solving
- Making Informed Treatment Decisions
- Relevant Cancer Topics
- Positive Thinking
- Looking Back and Planning for the Future

**The criteria for selection will be individuals who are able to travel, stay overnight and have their Healthcare Provider's consent to participate in the two day event. A consent form is required of all participants, including: caregivers, survivor in treatment, or survivor not in treatment.**

A total **60 participants** will be selected to attend this event. Survivors have the option to attend with **either** their **caregiver** or **another survivor**. Participants will be notified by **email and/or mail** of their selection and provided an **instructional package** before the event.

**All Participant applications will have to include the following for consideration:**

- Completed application with a brief narrative on why they want to attend; and a
- Signed consent form from their Healthcare Provider to travel and participate in overnight stay (**FOR ALL APPLICANTS**). A consent form is usually generated on letterhead by your doctor. A consent form may be requested over the phone from your Healthcare Provider's office and received by mail, email, fax, or picked up. A Doctor's visit may not be required. A version of a blank consent form is attached for your Healthcare Provider to use if they choose.

This event is **NO COST** to you for lodging and meals. A **small travel voucher** will be provided for selected participants to offset gas expenses. Individuals who participate in this event will be educated on the benefits of chronic disease self-management, how to educate their community, current cancer information, and updated resources.

Please complete the application with consent form and submit by **(April 22, 2019)**

**Email to:** [millicent.shelby@msdh.ms.gov](mailto:millicent.shelby@msdh.ms.gov)

**Office Fax:** 601-899-0154

**Office Number:** 601-206-1559

**Mail to:**

**Mississippi State Department of Health**

**OPH-Comp Cancer Program**

**P.O. Box 1700**

**Jackson, MS 39215-1700**

**Hand Deliver to:**

**Mississippi State Department of Health**

**OPH-Comp Cancer Program**

**715 S. Pear Orchard Rd., Plaza I Ste. 100**

**Ridgeland, MS 39157**

We look forward to sharing this event with you.

*Comprehensive Cancer Control Staff*

Attachments: Applicant's Letter, Application, Consent Form, Agenda Overview

**2019 Cancer Survivors and Caregivers  
Educational Conference Application  
“Managing Cancer Challenges”**

**Application for Survivor or Caregiver of Survivor**

**Application deadline is *April 22, 2019***

**Applicants will be notified of committee selections by *April 29, 2019***

***Are you applying as a Survivor or Caregiver of a Survivor (please circle)  
Survivors may attend with their Caregiver or another Cancer Survivor***

- Name and number of the Survivor or Caregiver who is applying to attend and room with you: Survivor and Caregiver must complete all paperwork!**

**(This person will also need to complete this entire application/consent separately, and will room with you)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Vegetarian:** Yes \_\_\_ No \_\_\_ **Food Allergies/Restrictions:** Yes \_\_\_ No \_\_\_ (Type) \_\_\_\_\_

**Do you provide regular care or assistance to a cancer survivor who is a friend or family member?** Yes \_\_\_ No \_\_\_

**Are you limited in any way in any activities because of physical, mental, or emotional problems?** Yes \_\_\_ No \_\_\_

**Do you have or had any of the following:**

**CANCERS:**

Breast Cancer \_\_\_ Lung Cancer \_\_\_ Cervical Cancer \_\_\_

Skin Cancer \_\_\_ Prostate Cancer \_\_\_ Colorectal Cancer \_\_\_

Other/s \_\_\_\_\_

**CHRONIC DISEASES:**

Arthritis \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Hypertension \_\_\_\_\_ Emphysema \_\_\_\_\_  
Chronic Pain \_\_\_\_\_ Other/s \_\_\_\_\_

**Emergency Information (print)**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

- **Do you give permission to have your picture taken during the event?  
Yes \_\_\_ No \_\_\_ (Please sign your initials to participate or not participate in pictures)**

**Do you volunteer in your community? If so, please describe.**

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**In the space below, very briefly describe why you want to attend and what you hope to gain from attending this event (100 words or less typed or hand-written).**

**Have you ever attended this conference before? Yes \_\_\_ No \_\_\_**

**Year/s or Location/s \_\_\_\_\_**

**The following will need to accompany your application and anyone who is applying:**

- **FOR ALL APPLICANTS: Secure a Consent Form from your Healthcare Provider permitting you to travel and participate in the 2-day event and overnight stay at the Hotel Vue, 130 John R. Junkin Drive, Natchez, MS 39120.**
- **A Consent Form may be requested over the phone from your Healthcare Provider's office and received by mail, email, fax, or picked up. A Doctor's visit may not be required.**
- **Please submit your Application with Consent Form by (April 22, 2019) and confirm all required paperwork was received:**

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**Mail to:**

**Mississippi State Department of Health  
OPH-Comp Cancer Program  
570 East Woodrow Wilson-P.O. Box 1700  
Jackson, MS 39215-1700**

**Hand Deliver to:**

**Mississippi State Department of Health  
OPH-Comp Cancer Program  
715 S. Pear Orchard Rd., Plaza One, Room 100  
Ridgeland, MS 39157**

**After submitting, please contact us at above number or email to confirm your application and consent form was received and check with your provider to ensure they sent consent**

**To all applying to attend, please read closely and be sure to fully complete the application**

**Mississippi Comprehensive Cancer Control Program  
2019 Cancer Survivors and Caregivers  
Educational Conference  
“Managing Cancer Challenges”**

**CONSENT FORM  
(For Survivor or Caregiver)**

**Application deadline is *April 22, 2019***

*Are you applying as a Survivor or Caregiver (please circle one)*

**Date:** \_\_\_\_\_ **2019**

**RE: Patient Name:** \_\_\_\_\_

**Subject:** *Healthcare Medical Provider’s signed consent to travel and attend a two-day conference with overnight stay*

**To Whom It May Concern:**

\_\_\_\_\_ *is medically able to travel and attend a two-day conference with overnight stay.*

**Sincerely,**

\_\_\_\_\_  
**Healthcare Medical Provider (Signature & Telephone #)**

**The following will need to accompany your application and anyone who is applying:**

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