



**PMP Pals Network 2017 Annual Conference**  
October 7 – 8 Monterey, California  
*Registration Form*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Which events do you plan to attend?

- Saturday Evening Dinner at El Torito on Cannery Row, 5:30-8:30pm
- Sunday Conference at Bayonet & Blackhorse Golf Course, 9am-2pm

*The cost to attend the dinner is \$25 per person. The cost to attend the conference is \$75 per person. To pay for the event, please send a check to PMP Pals at 225 Crossroads Boulevard, Suite 390, Carmel, CA 93923.*

It's important that we understand your relationship to PMP (information is not shared):

What year were you born? \_\_\_\_\_

Are you a patient or caregiver?  patient  caregiver

When were you or the patient you care for diagnosed? \_\_\_\_\_

What is the diagnosis? \_\_\_\_\_

Have you had HIPEC, or will you have it?  yes  no  maybe

Who is your HIPEC specialist? \_\_\_\_\_

What are passed or planned surgery dates? \_\_\_\_\_

Have you had chemotherapy or believe you'll need it?  yes  no

Have you had an ostomy, or believe you may need one?  yes  no

