

# CANCER101's MELANOMA PLANNER ORDER FORM

Date:

(Please provide all information requested and print clearly)

## Inside the Planner

The introduction, "How to use the CANCER101 Planner" and "Four Important Things You Need to Know" in: English, Spanish, Chinese, French, Vietnamese, Korean, Russian, Polish, Japanese, Greek and Swahili

### Tabbed sections include:

- What You Need to Know About Melanoma by NCI
- Notes
- One-Year Calendar Planner
- Ten-Year Follow-up Calendar Planner
- Address Book
- Medical History & Appointment Tracker
- Symptoms Tracker
- Medical Bills and Insurance Tracker
- Helpful Advice for the Diagnosed and Their Caregivers
- Questions to Ask Your Doctors by Cancer.Net
- Melanoma Information by The Melanoma International Foundation
- Metastatic Information by AIM at Melanoma
- What Is a Clinical Trial? by the Coalition of Cancer Cooperative Groups
- Resources

## Inside the Five-Pocket Folder

The matching folder is pre-tabbed to house pathology reports, research, insurance paperwork, bills, and hospital/nonprofit information. A self-addressed patient survey that provides C101 with feedback is also included in the five-pocket folder.

## STEP 1: How many melanoma planners would you like to order?

Please order planners in increments of 10:

- \$4 per planner x \_\_\_\_\_ (# of planners) = \$ \_\_\_\_\_. C101 will contact you with an estimated deliver date.

## STEP 2: How do you prefer to receive your planners?

Each carton holds **ten** planners and the carton size is 19.5" x 13.75" x 8". We are sensitive to your storage availability. Keep the carton size in mind when planning how many you would like to receive per month.

- Divide my planner order into \_\_\_\_\_ months and ship them automatically every month.
- Ship the entire order at one time.

## STEP 3: Contact information

Hospital/Cancer Center Name: \_\_\_\_\_ Web site: \_\_\_\_\_

### Shipping Contact

First & Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Direct Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Billing Contact same address as shipping

First & Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Direct Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## STEP 4: Total Due

TOTAL DUE: \$ \_\_\_\_\_

- Check enclosed
- Please send an invoice

## STEP 5: Payment Options

**Pay by check: Mail this form along with a check to:**

CANCER101 Inc., 304 Park Ave S, 11th Fl, NY, NY 10010

Please make your check payable to CANCER101 Inc.

**Pay by credit card over the phone: or for any questions:**

Call Aracely Delgado at 646.638.2202.