



Central New Jersey Regional Brain Tumor Conference

DIAGNOSIS BRAIN TUMOR: You Are NOT Alone III

JFK Conference Center | 70 James Street | Edison | NJ

Conference will include a photographic display "Wall of Honor and Remembrance" featuring pictures of brain tumor survivors and angels. To include a photograph, please send name of person shown, hometown, tumor type, date diagnosed and anything you would like to say about that person. Photos can be mailed to CNJBTSO, P.O. Box 221, Martinsville, NJ 08836 or by email to superfang33@yahoo.com. Photos will become part of a permanent display and cannot be returned. Thank you!



Saturday, May 9, 2009
8:30 a.m. to 5:00 p.m.

Pre-Conference Support Group Meeting
Friday, May 8, 2009 | 7:00 to 9:00 p.m.

CONFERENCE CO-SPONSORED BY:

Central NJ Brain Tumor Support Group & Resource Center, Inc.
Monmouth and Ocean County Brain Tumor Support Group, Inc.
The Musella Foundation
Have A Chance

HOSTED AND SPONSORED BY:

New Jersey Neuroscience Institute Brain Tumor Center at
JFK Medical Center, Edison, New Jersey

REGISTER ONLINE <http://www.virtualtrials.com/nj2009>
or fill out the attached registration form and return it by mail

COST IS \$20 PER PERSON IN ADVANCE, \$30 AT THE DOOR
Conference fee includes continental breakfast, lunch,
all materials, plus a full day of information and support!

SCHOLARSHIPS ARE AVAILABLE FOR THOSE UNABLE TO PAY.
PLEASE CALL STAN 908-685-0917.

KEYNOTE SPEAKER: HENRY BREM, M.D.
Neurosurgeon-In-Chief, The Johns Hopkins Hospital,
Professor of Neurosurgery,
The Johns Hopkins University School of Medicine



REGISTRATION FORM | Diagnosis Brain Tumor: You Are NOT Alone III

Please PRINT all information below and return to:

CNJBTSO, P.O. Box 221, Martinsville, NJ 08836

PLEASE NOTE: MAIL REGISTRATION MUST BE RECEIVED BY MAY 1, 2009

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email address: _____

Tumor Type: _____

[Tumor type will be put on name badge to help you find others with same diagnosis; Leave this blank if you do not want tumor type on your name badge]

First and last name(s) of anyone else who will attend the conference with you:

How many people in your group altogether: _____ Amount enclosed: _____

Please enclose check (\$20 per person) payable to CNJBTSO, Inc. and return with this form by May 1.

To help us assign space efficiently, please let us know which of the following topics are most interesting to you by choosing a number from the scale below. Please fill in the appropriate number next to each workshop title. Thank you!

[not interested] [maybe would attend] [definitely would attend]

1 2 3 4 5 6 7 8 9 10

_____ Meningiomas, Acoustic Neuromas & Pituitary Tumors: Treatment Options – Thomas Steineke, MD, Ph.D.

_____ Coping With Fatigue - Nancy Conn-Levin, MA

_____ Minimally Invasive Surgery – Greg Przybylski, MD

_____ Newly Diagnosed: Now What? – Diane Bier

_____ Seizures: Coping with Medications & Other Concerns – Diane Poracky, RN, BSN, CNRN, CCRN

_____ Neuro-Imaging: Understanding What Scans Can Show – Noam Eshkar, MD

_____ Activism and Raising Brain Tumor Awareness – Debbie Persaud

_____ Riding The Brain Tumor Rollercoaster – Patty Anthony, RN, BSN, CNRN

_____ T.B.I. Fund and Financial Assistance – Joseph Amoroso, MA

_____ Quality of Life For Brain Tumor Survivors – Jennifer Brusstar

_____ Meditation: A Gift For Yourself – Mona Barone

_____ Home Care: Nursing, Rehabilitation & Hospice – Erika Kolb, MSW

_____ Surviving a “Terminal” Brain Tumor - Ben Williams, Ph.D.

_____ What Brain Tumor Caregivers Need To Know – Judy Zocchi

_____ Neuro-psychological Testing & Cognitive Rehabilitation - The Center For Head Injury