

The STEPs to Surviving Prostate Cancer series is a six-week educational series for men with prostate cancer. The goal of the STEPs program is to help participants understand the physical and emotional changes accompanying prostate cancer and to promote the healing process.

## This free series of classes is being offered September 23 - October 28

The series will cover a variety of education topics and feature professional speakers. The classes are designed for the man with cancer and an individual involved in his support (*it is not necessary to have a guest attend*). Participants are encouraged to attend all of the classes if possible.

### Meeting Location

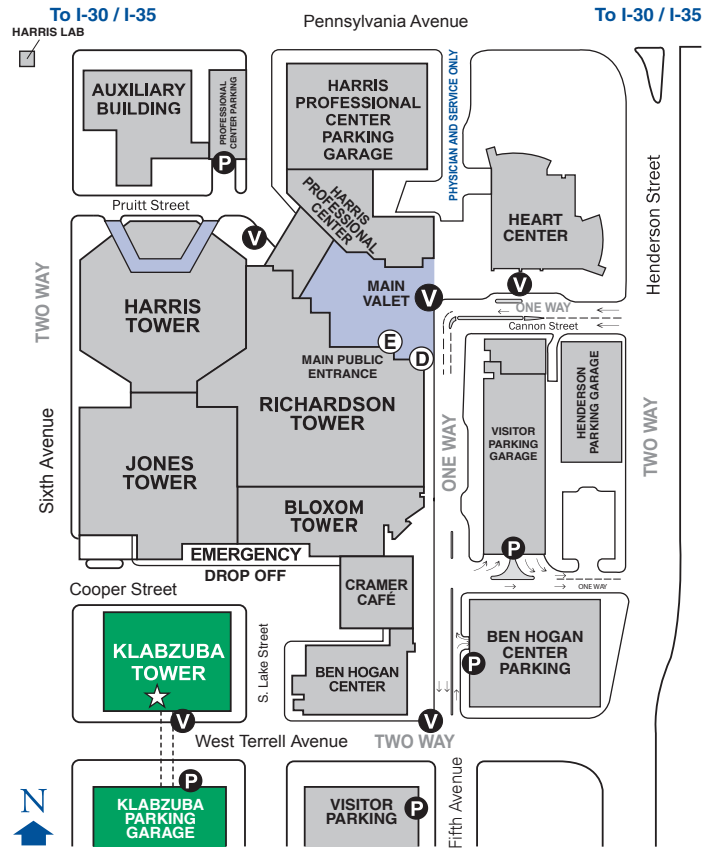
Texas Health Harris Methodist Hospital Fort Worth  
Klabzuba Tower ~ First Floor Classroom K  
1300 W. Terrell Ave., Fort Worth, TX, 76104  
**Thursday evenings 5:30 p.m. - 7:30 p.m.**

*A light meal will be provided. Participants may park free of charge in the Klabzuba Garage.*

### Registration Information

To register for this series, please complete the form below or log onto [texashealth.org/FWSTEPS](http://texashealth.org/FWSTEPS). Forms maybe be mailed, faxed, or called into:

Gayle Wilkins, MSN, RN, OCN  
Prostate Cancer Resource Center Coordinator  
Texas Health Harris Methodist Hospital Fort Worth  
Klabzuba Cancer Center  
1300 W. Terrell Ave., Fort Worth, Texas 76104  
**Office 817-820-4868 Fax 817-250-7908**



- Event location
- Closed to vehicular traffic
- V Valet
- P Parking
- E D Front entrance & patient dismissal  
This is the only hospital entrance/exit from 9 p.m. to 5 a.m.

*This program is made possible through an educational grant from the Bernard C. Alger Cancer Fund. Doctors on the medical staff practice independently and are not employees or agents of the hospital.*

MB 0023 8/10 Q1000 PS

## REGISTRATION FORM *Please respond by Friday, September 17, 2010 ~ Seating is limited. Please bring only one guest per survivor.*

Survivor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Marital Status \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of initial diagnosis (mm/dd/yy) \_\_\_\_\_ Type of treatment (Please check all that apply):  prostatectomy  radiation  
 hormone therapy  chemotherapy  watchful waiting  other \_\_\_\_\_

Partner's/Family/Friend Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_