

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 March 25 - April 29

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

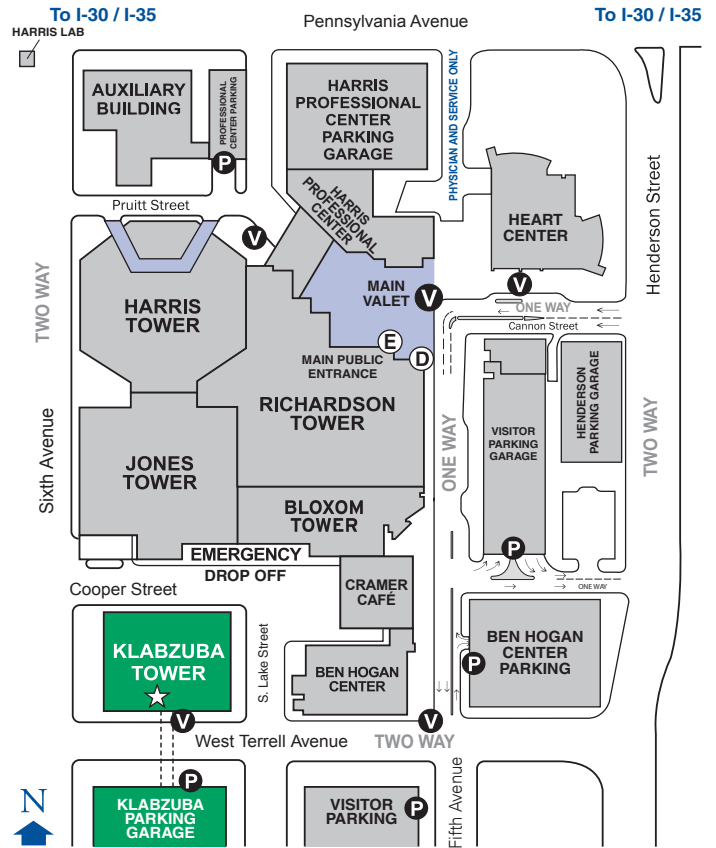
Texas Health Harris Methodist Hospital Fort Worth
Klabzuba Tower ~ First Floor Classroom K
1300 W. Terrell Ave., Fort Worth, TX, 76104
Thursday evenings 5:30 p.m. - 7:30 p.m.

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

Registration Form

Please complete the information below as best you can. Please mail/fax this form or call in your registration to:

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.

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REGISTRATION FORM *Please respond by Friday, March 19, 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 _____