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| Home | Location: Mohican State Park Lodge & Conference Center, Perrysville, Ohio |
| Daily Calendar | Dates: Friday, May 1- Sunday, May 3, 2020 |
| Stopwatch | Registration: Deadline April 10. $30 registration fee. |

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# A Journey of Courage and Hope Retreat

Confronting MBC can be a challenging undertaking. Dealing with the chronic nature of Stage IV breast cancer requires endurance, hope, support, and sharing. This weekend is an opportunity for women and their spouse, partner, sister, daughter, friend or caregiver to retreat from the routines of treatment and daily life and experience a program of individual and mutual healing and renewal. The retreat is a time for respite, reflection and sharing. Women with MBC and their guests will:

* Identify the issues that patients and their partners face in dealing with metastatic breast cancer
* Discuss issues relating to the caregiver role or spouse/partner role
* Share strength and resources
* Connect with others dealing with MBC as a means of finding strength and information
* Obtain medical information on treatment and clinical trials
* Share the meaning and spirituality of the journey with cancer
* Contemplate the cancer journey through metaphor and story

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| FRIDAY, May 1 |  |
| 4:00-6:00 p.m. | Check-in and free time |
| 6:00-7:00 p.m. | Dinner |
| 7:00-8:30 p.m. | Opening session |
| SATURDAY, May 2 |  |
| 8:00-9:00 a.m. | Breakfast |
| 9:00-10:00 a.m. | Opening lecture |
| 10:00-12:00 p.m. | Group discussion breakouts |
| 12:00-1:00 p.m. | Lunch |
| 1:00-3:00 p.m. | Full group discussion |
| 3:00-4:30 p.m. | Free time, yoga, “courage collage” activity, massage sessions |
| 4:30-6:00 p.m. | Medical Oncologist Q&A |
| 6:00-7:30 p.m. | Dinner and free time, massage sessions |
| 7:30-9:00 p.m. | Humor is the Best Medicine |
| SUNDAY, May 3 |  |
| 8:00-9:30 a.m. | Breakfast, checkout, massage sessions |
| 9:30-11:00 a.m. | Spirituality and Hope in the Cancer Journey |
| 11:00-12:00 p.m. | Self-reflection, nature walk, follow-up discussion |
| 12:00-1:00 p.m. | Lunch |
| 1:00-3:00 p.m. | Final sharing and closing activity, evaluation, goodbye |

Return registration information below to [juliemcmahon@komencolumbus.org](mailto:juliemcmahon@komencolumbus.org) by April 10.\*

\*It is required that a member of your healthcare team (physician or nurse) verifies your diagnosis and current health status prior to your attending the retreat by contacting [juliemcmahon@komencolumbus.org](mailto:juliemcmahon@komencolumbus.org) so that we may ensure this event is reserved for patients living with MBC.

\*\*For attendance at the 3-day retreat only, we ask you enclose $30 to reserve your spot. The remaining fees and costs are covered in full by the Komen office.

**Your Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dietary restrictions or needs? ☐Yes ☐No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special mobility needs? ☐Yes ☐No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your current diagnosis and treatment (date of diagnosis, stage, location of cancer, treatment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of your treatment center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of this retreat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Guest’s Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dietary restrictions or needs? ☐Yes ☐No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special mobility needs? ☐Yes ☐No Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional info to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_