



## Application - Support Group Listing Request

Congratulations on the establishment or continuing success of your lymphedema support group! As you know, support groups are an important part of the foundation of a complete program of self-care for patients with lymphedema. Although support groups aren't for everyone, they have proven to empower, inspire and ultimately assist in the healing and transformative processes of thousands of patients across the country. Your hard work and dedication as a lymphedema support group leader is greatly valued and applauded!

Here at the National Lymphedema Network, it is our greatest concern that patients we refer to NLN listed support groups find a safe, gentle, non-competitive, solicitation-free environment when they attend, no matter which group they choose. Support group listings are free, but please note that lymphedema support groups must NOT be used by a treatment center, therapist or supplier to solicit business of any kind. Support group listings are not free advertising for services or products, but only for support groups, themselves. Use of support groups or listings for advertising/solicitation purposes will automatically disqualify that facility, person or business from future inclusion in NLN publications.

To request a listing for your group, simply fill in the form below and submit it via e-mail or mail to the NLN office by mail: 225 Bush Street, Suite 357, San Francisco, CA 94104 or by fax: 415-908-3813. We are happy to add your group to the Support Group listing on our website, 800-hotline referral listing, and in the next issue of LymphLink, the NLN's quarterly Journal.

NLN Support Group listings are active for two (2) years. At that time, you will need to submit a new updated application (be sure to check the "Renewal" box).

Note: Newsletter deadlines for submission of new support groups is the 15th of the month two months prior to publication (i.e. January 15, April 15, July 15, and October 15). We do our best to add new support groups to the NLN website and referral system within two weeks of receipt.

### Support Group Listing Application:

*Please add my/our lymphedema support group to the Support Group listing on the NLN website, in your 800 hotline referral system and in the next issue of LymphLink.*

Today's Date: \_\_\_\_\_  This is a **RENEWAL**

Name of Support Group, if any: \_\_\_\_\_ NLN Member:  Y  N

Your name (contact person): \_\_\_\_\_ Email: \_\_\_\_\_

Facility affiliated with, if any: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone for listing: (\_\_\_\_) \_\_\_\_\_ #2. (if needed): (\_\_\_\_) \_\_\_\_\_

What day of the month do you meet and in what city/state? \_\_\_\_\_

Is your group open to all lymphedema patients, or is it specialized? (i.e. breast cancer, lower extremity, primary, pediatrics, other): \_\_\_\_\_

Preference:
<input type="checkbox"/> Email <input type="checkbox"/> Postal

**\*\*My signature verifies that I agree to the above and that I am/we are not using this support group or requested listing for business advertising/solicitation purposes:**

*Your signature (required)*

Thank you. We look forward to referring many patients to your group! Best wishes, *The NLN Staff.*