

스탠퍼드 암과 신경과학 지지 의료 프로그램 온라인 수업 등록하기

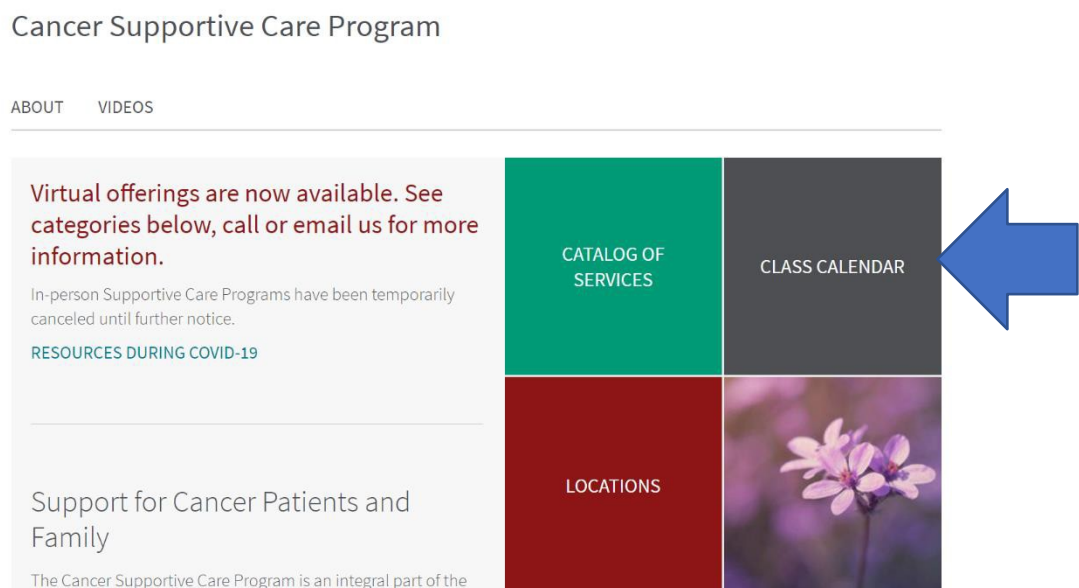
Stanford Cancer and Neuroscience Supportive Care Programs Registration for Online Classes (Korean)

첫 번째 단계 Step One:

- 관심이 가는 지지 의료 프로그램의 웹페이지에 접속하십시오.
 - 암 지지 의료 프로그램:
<https://stanfordhealthcare.org/for-patients-visitors/cancer-supportive-care-program.html>
 - 신경과학 지지 의료 프로그램:
<https://stanfordhealthcare.org/for-patients-visitors/neuroscience-supportive-care-program.html>

두 번째 단계 Step Two:

- ‘Class Calendar’를 누르십시오.



Cancer Supportive Care Program

ABOUT VIDEOS

Virtual offerings are now available. See categories below, call or email us for more information.

In-person Supportive Care Programs have been temporarily canceled until further notice.

RESOURCES DURING COVID-19

Support for Cancer Patients and Family

The Cancer Supportive Care Program is an integral part of the

CATALOG OF SERVICES

CLASS CALENDAR

LOCATIONS

Neuroscience Supportive Care Program

Virtual offerings are now available. See categories below, call or email us for more information.

In-person Supportive Care Programs have been temporarily canceled until further notice.

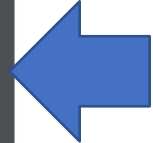
[RESOURCES DURING COVID-19](#)

Support for Neuroscience Patients and Family

The Neuroscience Supportive Care Program provides a variety of FREE support groups, classes, workshops, personal one-on-one consultations and services that are open to all patients and families in the community regardless of where you receive care. All classes are tailored to the unique needs of Neuroscience patients.

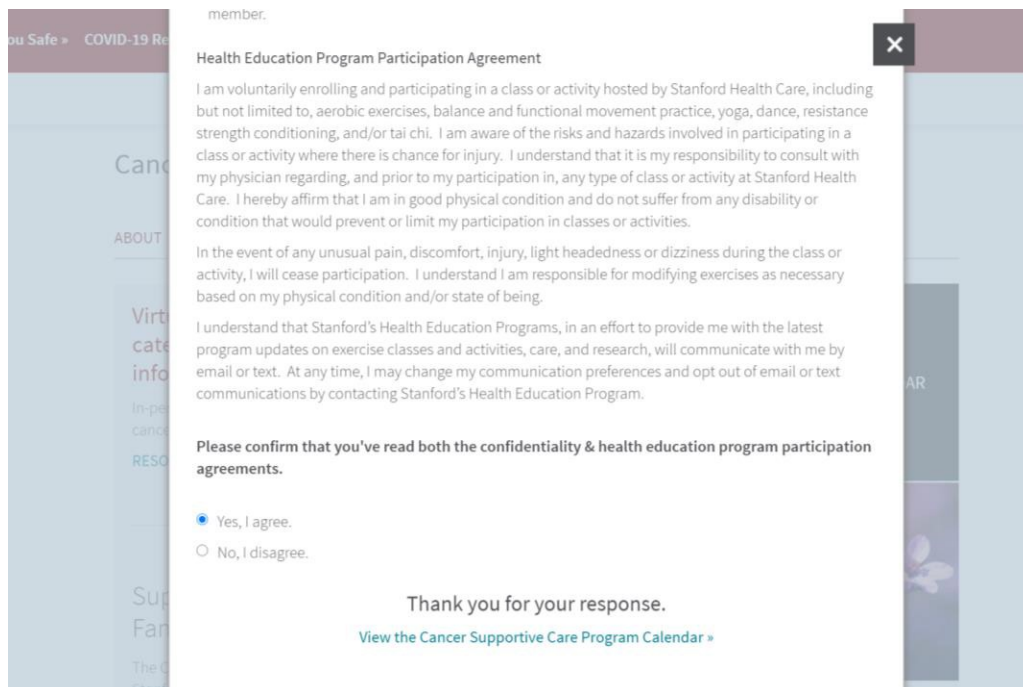
CATALOG OF SERVICES

CLASS CALENDAR



세 번째 단계 Step Three:

- 온라인 지지 의료 프로그램에 참여하기 위해서는 팝업창의 이용약관에 동의해야 합니다.



member.

Health Education Program Participation Agreement

I am voluntarily enrolling and participating in a class or activity hosted by Stanford Health Care, including but not limited to, aerobic exercises, balance and functional movement practice, yoga, dance, resistance strength conditioning, and/or tai chi. I am aware of the risks and hazards involved in participating in a class or activity where there is chance for injury. I understand that it is my responsibility to consult with my physician regarding, and prior to my participation in, any type of class or activity at Stanford Health Care. I hereby affirm that I am in good physical condition and do not suffer from any disability or condition that would prevent or limit my participation in classes or activities.

In the event of any unusual pain, discomfort, injury, light headedness or dizziness during the class or activity, I will cease participation. I understand I am responsible for modifying exercises as necessary based on my physical condition and/or state of being.

I understand that Stanford's Health Education Programs, in an effort to provide me with the latest program updates on exercise classes and activities, care, and research, will communicate with me by email or text. At any time, I may change my communication preferences and opt out of email or text communications by contacting Stanford's Health Education Program.

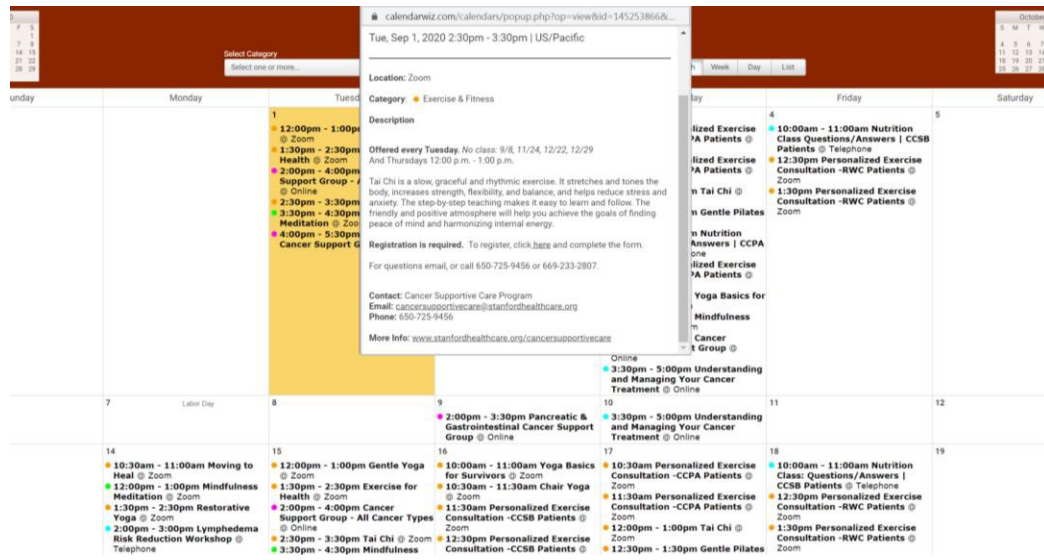
Please confirm that you've read both the confidentiality & health education program participation agreements.

Yes, I agree.
 No, I disagree.

Thank you for your response.
[View the Cancer Supportive Care Program Calendar »](#)

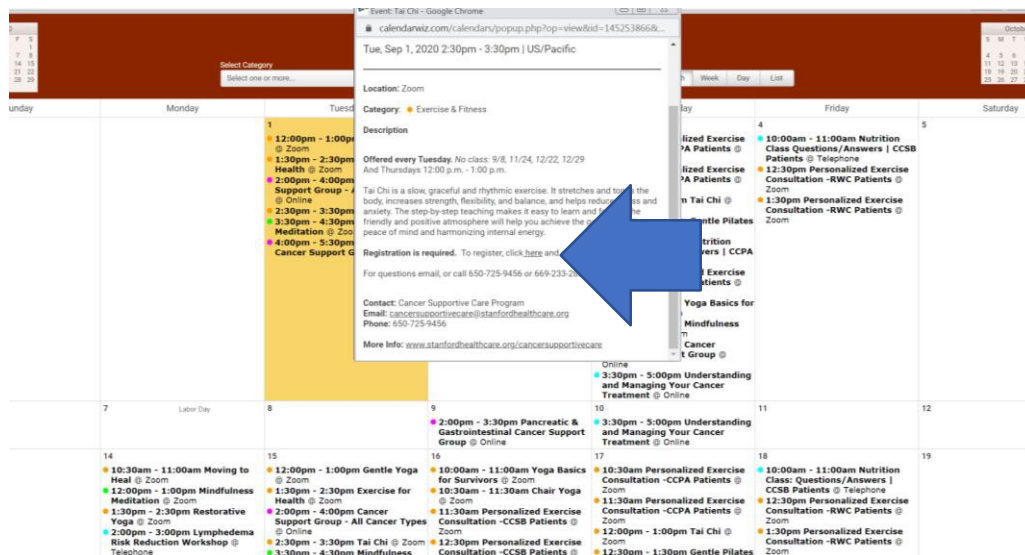
네 번째 단계 Step Four:

- 프로그램의 달력에서 관심이 있는 온라인 수업을 선택하십시오. 태극권의 예가 아래에 나와있습니다.



다섯 번째 단계 Step Five:

- 수업 설명 안에 있는 “To register, click **here**”로 나와있는 등록 링크를 누르십시오.



여섯 번째 단계 Step Six:

- 등록에 필요한 항목을 기입하고 “Register”를 누르십시오.

Time shows in [Pacific Time \(US and Canada\)](#)

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email Address*	Confirm Email Address*
<input type="text"/>	<input type="text"/>
Address*	City*
<input type="text"/>	<input type="text"/>
Zip/Postal Code*	State/Province*
<input type="text"/>	<input type="text" value="Choose One..."/>
Phone*	
<input type="text"/>	
Please re-type participant first and last name*	Emergency Contact First and Last Name*
<input type="text"/>	<input type="text"/>
Emergency Contact Phone Number*	
<input type="text"/>	

* Required information



일곱 번째 단계 Step Seven:

- 아래의 웹주소를 저장하거나 달력에도 추가해보십시오. 해당 웹주소는 귀하의 온라인 수업 접속에 쓰일 링크입니다.

Meeting Registration Approved

Topic	Tai Chi
Time	Sep 1, 2020 02:30 PM Sep 8, 2020 02:30 PM Sep 15, 2020 02:30 PM Sep 22, 2020 02:30 PM Sep 29, 2020 02:30 PM Oct 6, 2020 02:30 PM Time shows in Pacific Time Add to calendar
Meeting ID:	938 7990 0274
To Join the Meeting	
Join from a PC, Mac, iPad, iPhone or Android device:	
Please click this URL to join: https://stanfordhealthcare.zoom.us/j/93879900274?pwd=SFs5G88GqV70z4NwpaJKJkxUonPb5Wk4GYSxcDQlAAAV262YchZlZ2UeHhSVN2LkxTW1OUeJ0bmxBAAAAAaAAAAAAAAAAAAAAAAA&pwd=WUN6R3hRokZ2MEtFoXh5eGp5ZUw4tdz09	
To Cancel This Registration	
You can cancel your registration at any time.	

