Plan to join us in Newport News, Virginia, this June for the Annual Meeting and Voice Institute. It is a beautiful area of the country. For those of us who have attended in the past, all are convinced that every laryngectomee ought to attend at least one. Many of us come every year or as often as possible. Everyone feels as if they have benefited from the experience, learned new things and of course enjoyed meeting with old friends and making new ones. We attend the Annual Meeting and Voice Institute for many reasons. Specifically: to get together with people who have experienced similar challenges, learn about the latest products from our vendors, learn just about everything about laryngectomee rehabilitation, socialize, celebrate, laugh, eat out, shop and be tourists! We also get to represent our clubs at the IAL, run for election and serve on committees. Learn more about the IAL at www.theial.com
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About The IAL News

The IAL News is published four times a year by the International Association of Laryngectomees.

Information provided by the IAL News is not intended as a substitute for professional medical help or advice, rather as an aid in understanding problems experienced by laryngectomees and the state of current medical knowledge. A physician or other qualified healthcare provider should always be consulted for any health problem or medical condition.

The IAL does not endorse any treatment or product that may be mentioned in this publication. Please consult your physician and/or speech-language pathologist (SLP) before using any treatment or product.

The opinions expressed in the IAL News are those of the authors and may not represent the policies of the International Association of Laryngectomees.

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- IAL Brochures
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- Orange Emergency Cards (English)
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- “Laryngectomees Loving Life” DVD (35 mins) ($10 donation requested) (May also be watched on website)
- “First Steps” Available to download from the IAL website

Have a good idea or a helpful hint?

We welcome laryngectomees to submit ideas that would be helpful for other laryngectomees and their loved ones.
Going on 22 Years!

By Valerie Cleveland

February 27, 1995 – Tom was told he had laryngeal cancer. His voice box had to go or without surgery he would die a lot sooner. We had been married 14 years, had 3 kids at home ages 17, 12, 10 and we were our only source of income. All I could think about at that time was how selfish I was being by still smoking and maybe leaving our kids at young ages without their parents or having to take care of invalid parents the rest of their lives. (Tom did also and didn’t quit until the night before surgery), I just had to quit (I did that night 02/27/95). I couldn’t be selfish any longer. I was extremely stressed about: 1) Will Tom live through surgery and 2) will he ever be able to work again and if so will he be able to do his current job? He drove semis and was a truck dispatcher.

When he had his biopsy 03/08/95 the doctor told us that he might have to be on a vent to help him breathe if his throat swelled too much. Oh great something else to worry about. Through God’s greatness and many prayers he came through that surgery ok.

Now on to securing a surgery date and as we learned, the sooner you’d like something the longer it takes. The surgery was scheduled for 4/21/95, one week after our youngest child’s 10th birthday. That date seemed like an eternity away to fix him but too close if we were to lose him.

Surgery day was the longest day of my life. There were people waiting for Tom’s surgery to be done but my Mom took the day off work and was with me the entire time. My sister-in-law entertained the kids, she felt the hospital was no place for kids to wait and she and God were right. Back then the hospitals didn’t keep you updated on how surgery was going like they do now. Since surgery was at 8 a.m. and it was supposed to be a 4 – 6 hour surgery we figured he would be in his room by early dinner time. That was VERY wishful thinking. Almost midnight he finally got to his room. That’s when the 3 kids and I could leave. We cried all the way home.

Tom did make all of us personal cassette tapes in his own voice before surgery. They were and are very touching and beautiful. I’ve only listened to mine twice.

So life after surgery and radiation was ‘normal’ for us in that we could communicate with Tom by reading lips real well. When the kids heard Dad clap his hands (he used to whistle), they would come running. The guy he worked with was well versed in reading lips.

Eventually Tom got to go to voice classes at WMU. The doctor in charge was responsible for Tom getting what he wanted and needed such as an electrolarynx but only after he tried and tried to do esophageal speech. He became proficient at using his electrolarynx, people were amazed at how well he could speak with it.

His employer and the employees were super. A big thank you to Jesus! They arranged for us to go to Florida for a week. How truly generous! In February, 1996, the doctor scheduled surgery for a TEP (trachea-esophageal puncture). We’d met a couple who were in our situation and they were in speech at WMU also. He had the TEP surgery and after a week he was able to talk with the TEP sort of, but he still needed speech lessons. Tom was figuring t would take the same amount of time or less (he heals fast). One week came and the doctor said we would have to wait another week before he would place the TEP. Tom was very disappointed. The second week came and the doctor placed the prosthesis and all Tom did was cough. More disappointment. The doctor found another prosthesis, placed it in the appropriate place and left the room. Tom said to me “I love you” just as plain as day and the RNs and doctor came running in wondering if it was really Tom saying that! They couldn’t believe their ears. No one had ever spoken that well without a lot of teaching. Lucky him. Luckier us!
ATTAINING SUCCESSFUL COMMUNICATION FOR LARYNGECTOMEEES

By Dave Ross

"Something about the process needed (and patience) to arrive at a successful and stress free communication following surgery ---" was the wording of the request to write this article. When thinking about what I might say, it occurred to me, I had never considered having my voice box removed and finding a new way to speak as being a "process" to achieve "a successful and stress free communication". To me it was just an unwanted but necessary procedure that I had to undergo in order to avoid an early departure from this earth. In retrospect, I now realize that it is, in fact, a process that requires not only great medical knowledge and talent but also demands much more of the patient than many other major surgeries.

To illustrate, eight years prior to my laryngectomy I had undergone lung surgery which involved removal of the upper lobe of my right lung. I was back to work in ten days and at one month had 80+% breathing capacity and 100% oxygen blood level. My life was totally normal. Even though I had absolutely no problems with my Laryngectomy surgery nor post-op problems of any kind I soon learned that recovery was to be counted in months, not days or weeks and this was when I learned the true meaning of the word patience. Nonetheless, I received my TEP prostheses two weeks post-op and was fortunate enough to immediately be speaking with a very good voice. In just a few weeks life was again good, but what I felt to be normal was several months, perhaps a year or more away.

This brings me to addressing the issues which each of us as patient and/or caregiver need to consider to enhance the probability of achieving a successful and stress free communication following surgery. The numerical itemization does not necessarily reflect the order of importance.

1) Be aware there is no "normal" in the sense of each of us being and experiencing the same as all others. Laryngectomy surgery is a complex and for many of us traumatic experience. Expectations of the patient can lead to disappointments, even depression, when the patient does not understand the healing process, extent of surgery required, potential complications, etc., can not be predetermined to fit a "normal".

2) This I refer to as Self Advocacy. Each of us is his/her BEST advocate which translated means don't wait to have a problem such as a persistent cough, hoarseness, etc., checked out. Also, ask and insist on answers from your medical team. This is super critical in what will likely determine your voicing options and quality. If this advocacy is left to a Care Giver, then please be aware of the dangers of procrastination.

3) Research, research, research. Thanks to my being retired and knowing of Web Whispers, I was fortunate in that I was aware of my problem and had several months and the personal time to research all aspects of what was involved with laryngeal cancer including types, stages, treatments, potential complications, voicing options and what to expect. This provided me with the information I needed

Continued on page 10
Attention All IAL Clubs!

We would like to remind clubs that 2017 IAL club dues are due. The IAL values and respects your club dues as a recognition of the continued support for our laryngectomee community. Laryngectomees and caregivers provide the backbone of support to help in laryngectomee recovery. Club meetings and local support always helps in our recovery process. The strength of support for laryngectomees lies with meetings and clubs that share face-to-face contact with each other. The club dues received by the IAL help to update our website on a continuing basis (www.theial.com). We have updated our club contacts and will continue to change contact information as your clubs inform us. Changes of contact people, meeting location, meeting dates and any other changes for your club will be updated upon notification. We strive to make sure the listings are accurate. Invoices for club dues have been sent. Dues range from $25 for the 1 to 10 member clubs to $175 for the largest clubs. These dues insure contact information will be part of the IAL national statewide contact system. We hope to see all clubs represented at the 2017 IAL Annual Meeting/Voice Institute, June 14-17. Your support, personal health and your recovery matter to us.

The IAL
925B Peachtree St. NE
Suite 316
Atlanta, Ga. 30309-3918

office@theial.com
Toll free number: 1-866425-3678
Certified Visitors for 
New Laryngectomy Patients and Families
By Don Reis

My perception of life after having my larynx amputated due to throat cancer was the single most terrifying event I’ve ever experienced. But it needn’t have been anywhere near as bad as I allowed.

I’d been to a few support group meetings, done my research, and actually said the words "I’m tougher than I look" when advised that a full laryngectomy was my last option.

By making the colossal mistake of declining the opportunity to meet with an experienced larynx cancer survivor and laryngectomee, I put myself in the worst position possible: that of not having any idea of how to get by day to day, much less how to regain any form of speech and consider what the long-term impact of such radical surgery would become to me. That best of teachers, hindsight, served to give me an impetus to give the gift of my knowledge to prospective or newly-treated laryngectomees with a chance to see living, breathing, speaking proof that life after the surgery is not only possible and complete, but also enjoyable on levels we never knew before as normal speakers and breathers.

Once I’d progressed along the healing path and been fortunate enough to acquire a fairly good TEP voice, an opportunity arose to become involved in our local laryngectomee support group, the Nu Voice Club of Greater St. Louis. All the different issues that confront us as a unique little universe of our own came into focus. One need stood alone above all others to me, and that was to try and offer the pre- and post-op laryngectomee the comfort of knowing that this traumatic surgery is definitely only a life-changing event, and not a life-ending one.

After having the privilege and benefit of completing several patient visits, it seemed natural to organize the visitor effort in such a way as to be available when needed, and effective for any given new patient that came into our world. It made sense that we should have diversity in terms of gender, race, and culture so that our club's intent of helping as much as possible be realized. We operate on the hope of making our club members' lives as safe, easy, and fulfilling as possible for each of us.

I visited the IAL website and found their Visitors Certification Program tab on the right side of their home page, just as now. After reviewing it once, twice, and going back again, it seemed at first blush a bit of bureaucratic/ regulatory overkill. Must be conducted by a PhD? Suggested duration 3.5 hours? Separate components delineating anatomy, ethics & responsibilities, suggested materials for distribution, specific visitor qualifications as to their speech quality and appearance?

Seemed a bit much...until a number of visits proved to me these preparations have great worth to the new patient in so many ways. A properly prepared laryngectomee visitor is invaluable to the patient and their family. This has a 100% unanimous approval from every patient we have seen. The magnitude of the impact this visit has

Continued page 12
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You really need to know more about the stoma than your doctor....... By Brian Mitchell, DO

Few topics are of more concern to someone having undergone a laryngectomy than stoma care. Breathing through the neck is a huge adjustment to say the least. Worse yet is the poor knowledge base amongst health care workers as to “what’s going on” with the stoma. Most of you have likely dealt first hand with confused health care providers (including doctors) regarding what your stoma is, let alone how to care for it. As recently as this week, I dealt with a patient of mine being transferred by ambulance from a smaller hospital to a larger one due to confusion regarding whether it was “safe” to clean the lady’s stoma of dried mucus. She had become ill and couldn’t take care of her own stoma and no one around felt comfortable doing it for her. She could have died from suffocation by dry mucus!

Those of you who know me personally have likely heard my soapbox regarding the laryngectomy patient being more knowledgeable with stoma care than most of the health care providers they encounter. I’ve always felt that my own patients quickly outpace me when it comes to stoma care knowledge. Weather changes, health changes (and where I live forest fires over the past summer) all impact air quality and humidity and in turn change what needs to be done for the stoma. I’m continually impressed with the home remedies that patients come up with to provide humidity and hygiene. One of the main benefits of groups such as the IAL and WebWhispers is keeping alive these types of tips and pearls of stoma care for patients in the future. It’s easy to tell patients to clean the stoma and wear an HME device, it’s quite another to live

Continued on page 10
to choose my voicing method (TEP), ask many questions before surgery and during my recovery. Again, SELF ADVOCACY.

4) I am convinced that personal attitude is of utmost importance. It is almost inevitable that if one has a negative outlook the outcome will be proportionally less successful. It is certainly understandable that losing one's natural voice can be devastating but it is also important to understand that you are not losing your ability to communicate and in almost all cases you are not losing your voice -- only how your voice sounds. Furthermore, what you say is important, not the mechanics or the method by which you say it.

5) There is no right or wrong method of communication for the Laryngectomee, only pros and cons. I firmly believe the patient's new voicing method is the choice of the patient. This of course must be tempered to the medical conditions applicable to provide a reasonable degree of success with the chosen option. Also, the patient's personal situation and abilities such as self help, financial, insurance, voicing requirements, etc., must be considered.

6) Group participation, whether on a local, regional or national level, can add a vital boost to the final success of acquiring a new communication technique. There is no better medicine than sharing the problems and success of others with the same condition. Here one will find answers to questions that come from other like-kindred folks with actual firsthand experiences. And here you can find a social setting found nowhere else.

7) I leave this as last only because I want all to think lastly about following the advice of their medical team. The number of Laryngectomy surgeries is minuscule compared to most other surgeries. The number of medical professionals serving our needs is likewise small, but their dedication and loyalty to our condition is huge; make good use of their expertise.

These are the elements of my successful process which, in their totality, provided me with the resources to experience a very stress free communication. As I said before I had never thought of my journey into Lary Land as such and know that perhaps some may not be applicable to all. Nonetheless I hope you will find them food for thought.

Mitchell—Continued from page 9

with it day in and day out. That's where experience counts. Few will be able to help you as much as a fellow laryngectomee. What type of covering should I use? How should I deal with thick secretions? Cough it out? Suction it out? What about showering? All of you have faced these basic questions and likely figured much of it out through trial and error. Consider reaching out to a fellow laryngectomee if you are struggling or need advice. You can reach one through IAL club and website involvement or online via webwhispers.org. If you are already a pro, consider volunteering in your local community. Contact your local ENT office, cancer center or university ENT department based on what's nearby.
CARING FOR THE STOMA: THE CAREGIVER’S ROLE

By Caryn Melvin, PhD.

Caregiving for an individual with a total laryngectomy goes beyond emotional support. Caregivers are often called upon to assist their loved one with their daily physical care. For many caregivers this is new territory and can be challenging. Many caregivers have not seen a stoma before, do not understand what a stoma is let alone how to support their loved one in caring for the stoma. Additionally caregivers may be unprepared for the other physical changes that accompany total laryngectomy. It is an understatement to say that caregivers are often overwhelmed.

In 1994 Dr. Shirley Salmon surveyed caregivers about what they would have liked to have known pre-op and post-op. Results indicated that pre-operatively spouses would have liked to have known about:

Facts about the operation
How their mates will look in ICU
How to care for their mate when the Nurse is not readily available
How to cope with psychological reactions of mate as they face surgery
Methods of communication following surgery

Post-operatively caregivers wanted to know about:

Info about feeding tube, suction machine and humidifier
Preparation for unusual coughing sound and excess mucous
Advice on depression
Instruction on how to communicate

At the top of both of these lists is the need for information on the bodily changes and what that means in terms of physical care.

Pre-operative counseling is KEY! In a report on caregiving by the Macarthur Foundation in November 2012, researchers indicated “Lack of adequate preparation can lead to high levels of caregiver stress.” Much of what caregivers need to know is discussed during the pre-operative counseling session and then in therapy sessions following surgery. The speech-language pathologist, typically the professional conducting the pre-op counseling session, provides information and support as both the patient and their caregiver negotiate the changes and what that means in terms of care. The ENT surgeon and nursing staff may also provide information about stoma care both before and immediately following surgery. It is the hope that all patients and their caregivers facing total laryngectomy surgery are able to meet with a speech-language pathologist or other medical professional before and after surgery. Unfortunately, we know that is not always possible. Because this is an unfortunate reality for some patients and families we (meaning those who have been there and done that) need to be creative and proactive to provide new Laryngectomees and their caregivers the information that they need. Support groups are a good source of support and information. No one understands the stoma and stoma care quite like another

Continued on page 13
for the patient cannot be matched: not by any doctor, nurse, or SLP. We as recovered
patients are the living proof that this treat-
ment can be dealt with successfully and in
a manner that allows many of us to contin-
ue with little more than a big hiccup. Most
of the rest of us continue to enjoy nearly all
those activities we loved pre-cancer. The
guidelines to restrict the information given
by the visitor and the types of advice are
critical in that we must not look to be
medical advisors or indicate that any other
patient’s experience should be expected to
follow our results. We all know so well that
we are all different and can respond in an
entirely different way than the next person
to the same circumstance. Our biggest ser-
vice as a certified laryngectomy visitor is to
provide hope and encouragement, the de-
tails of the patient’s treatment and choices
are between them and their health care
providers.

We are blessed in our community to have a
true wealth of highly talented, dedicated
and generous health care professionals. Our
SLP’s and surgeons are second to
none, and for that we need give thanks.

Our Visitor Certification Program was com-
pleted in a single Saturday, over about 4
hours. We certified five laryngectomees,
one laryngectomee spouse, and four SLP’s
at our workshop. Our format was produced
by Dr. Dennis Fuller, PhD. CCC-SLP, who
also was kind enough to conduct the work-
shop itself. Dennis has been active in the
laryngectomy community here in St. Louis
since the ’70s, has distinguished himself at
Washington University Medical School, the
VA Center, as well as St. Louis University
Medical School. His latest, and presumably
last, employment is with the St. Louis Zoo
as an Engineer for their sub-10mph train.
We are certainly willing to share our mate-
rials and experience with any club interested
in emulating our Visitor Certification work-
shop.

Don Ries, President,
Nu Voice Club of Greater St. Louis

Announcements

If there is a club that is interested in host-
ing the IAL Annual Meeting during the
summer of 2018, Please submit your ap-
lication to the IAL Board of Directors.
There are complete directions on the IAL

I am happy to inform you that the American
Academy of Otolaryngology Head and Neck
Surgery made my book “The Laryngectomy
Guide” available for free download at http://
www.entnet.org/content/laryngectomy-guide

Paperback copies of “The Laryngectomy
Guide” are also available FREE by emailing a
request to:
customersupport.us@atosmedical.com

The 170 pages Guide provides information that
can assist laryngectomees with medical, dental
and psychological issues. It contains information
about side effects of radiation and chemothera-
py; methods of speaking; airway, stoma, and
voice prosthesis care; eating and swallowing;
medical, dental and psychological concerns;
respiration; anesthesia; and traveling.

Thanks,
Itzhak Brook MD
Professor of Pediatrics & Medicine
Georgetown University School of Medicine
Blog: http://dribrook.blogspot.com/
Laryngectomee.

And no one understands the role of the caregiver quite like someone who has been through it. Laryngectomy visitor programs may also be helpful.

There are also a number of on-line sources for information on care of the stoma and other important care issues. Web-Whispers has an excellent section on stoma care which can be found at http://www.webwhispers.org/library/stomacare.asp.

Other sources include the following websites:


UCDavis


The University of Iowa Hospitals and Clinics

https://iowaheadneckprotocols.oto.uiowa.edu/display/protocols/Laryngectomy+Home+Care+Booklet

There is also an excellent video at hopkinsmedical.org.

http://www.hopkinsmedicine.org/tracheostomy/video/stoma_care.html

The Laryngectomy Guide by Dr. Itzhak Brook, MD, MSc, has an excellent chapter on stoma care. Dr. Brook’s book can be downloaded free of charge at the following link: http://www.entnet.org/sites/default/files/LaryngectomeeGuide.pdf

Questions about how long to provide care, how much care should you be doing and when can you expect to turn over complete care are difficult to answer. Each situation is different. Factors that influence the answers to these questions include your loved one’s overall health, visual acuity, fine motor skills, and motivation. As a caregiver you are likely providing a majority of the care initially. You are learning side by side with your loved one what needs to be done to clean the stoma, apply an HME, maybe even cleaning a tracheoesophageal voice prosthesis. Unless you are a medical professional yourself you may feel overwhelmed with the amount of information. You may be concerned that you are going to make a mistake and hurt your loved one. You may feel squeamish about the whole process. These are normal feelings!

Ask for help! Ask questions! Contact your speech-language pathologist, ENT, a laryngectomy support group, another laryngectomy, another caregiver, access on-line information. Unless there are special circumstances, over time, your involvement in the care of the stoma should diminish until your loved one is independent.

Caring for your loved one, assisting with daily care can take its toll. It’s important to recognize signs of caregiver stress. Taking care of yourself is the most important thing you can do for yourself and ultimately for your significant other. Peggi Speers writes in The Inspired Caregiver: Finding Joy While Caring for Those You Love, “By loving you more, you love the person you are caring for more.”

Continued on page 14
The following signs of caregiving stress are from an article “Signs that Spousal Caregiving May Be Becoming Too Risky for You” on caregiverstress.com.

- Missing or delaying your own doctor appointments
- Ignoring your own health problems or symptoms
- Not eating a healthy diet for lack of time
- Overusing tobacco and alcohol when you feel stressed
- Giving up exercise habits for lack of time
- Losing sleep
- Losing connections with friends for lack of time to socialize
- Bottling up feelings of anger and frustration and then being surprised by anger, even violent, outbursts directed at your spouse, other family members, co-workers - even strangers
- Feeling sad, down, depressed or hopeless
- Loss of energy
- Lacking interest in things that used to give you (and your spouse) pleasure
- Feeling resentful toward your spouse
- Blaming your spouse for the situation
- Feeling that people ask more of you than they should
- Feeling like caregiving has affected family relationships in a negative way
- Feeling annoyed by other family members who don’t help out or who criticize your care
- All caregivers who experience elevated levels of stress are at an increased risk for physical and emotional issues.

Even if you are only experiencing two or three of these feelings or situations, it is important to get help and support.

Caregiving is one of the most difficult jobs you will ever have. Working together, one caregiver at a time, reaching out, supporting one another, can ensure that no caregiver goes it alone. It will not be easy, but it will be doable. The only constant is change and this too will change! And hopefully for the better!!

---

Christmas Meeting in Essex County, Ontario, Canada

Tom Cleveland, President of the IAL, traveled to Essex, Ontario Canada, where he attended the Essex County Chapter of New Voices Christmas party on December 2, 2016. The two ladies sitting at the table are speech pathologists, Helga and Krystal. This club is a member of IAL. Michael Ouellette is the president of the club and leads it beautifully. Helga Schollenberger is the vice president. The New Voices Club meets on the first Friday of March, May, September and November. In June they have a summer barbecue and December is the Christmas Lunch—eon.

The contact is: Michael Ouellette at 519-2250-6536 or pmo@mnsi.net
2017 OHANCAW

Join the Head and Neck Cancer Alliance in Celebrating the 2017 Oral, Head and Neck Cancer Awareness Week®, April 2-9

Head and Neck Cancer Alliance (HNCA) is hosting its Annual Oral, Head and Neck Cancer Awareness Week®, OHANCAW®, April 2-9, 2017 and looks to another record-setting year. If you haven’t already, please be sure to register your screening site today!

Since the institution of OHANCAW®, millions of Americans and thousands internationally have undergone free screenings and many lives have been saved through early detection and treatment. It involves an easy and simple process to host a screening event in your local community. HNCA provides the materials and the screening sites organize the staff and volunteers.

To register your screening site and receive free educational materials for your OHANCAW® screening, [click here](http://www.headandneck.org/calendar). Please know that screening sites must be a qualified medical or dental institution to host an OHANCAW® screening.

HNCA will be shipping the OHANCAW® kits in mid-March, 2017. Thank you to all our partners and screening sites who have hosted OHANCAW® screening and awareness events. HNCA looks forward to working with all of you in 2017.

The Commission on Cancer has indicated that hosting an OHANCAW® screening will help during its accreditation process as an OHANCAW® screening serves as a community event. For individuals looking for free screenings during OHANCAW® and at any other time during the year, please be sure to go to locate a screening site in your area, by either searching:

http://www.headandneck.org/calendar

or

http://www.headandneck.org/get-involved/ohancaw/national-map
The Newport News Marriott at City Center will host the 2017 IAL Annual Meeting and Voice Institute from

**June 14-17**

(757) 873-9299

740 Town Center Dr.
Newport News, VA 23606

Call our reservation system at [866-329-1758](tel:8663291758) and ask for the IAL Annual Conference group block. Reservations must be made by May 11th, 2017, to guarantee group rate of $104.00 or select the link for online reservations. Make sure to tell them that you are with the IAL so you can get your group rate.

**Book your group rate for IAL Annual Conference by following the online links at:**

http://theial.com/ial-voice-institute-and-annual-meeting/

Airports closest to the conference would be Norfolk International ([http://www.norfolkairport.com/](http://www.norfolkairport.com/)) and Newport News/Williamsburg International ([http://flyphf.com/](http://flyphf.com/)). Norfolk provides cheaper flights (about $100 less than Newport Airport) but transportation to Newport would be necessary. Newport News is about $100 more but is closer.

A tentative agenda for the conference is available at:

IAL
Annual Meeting and Voice Institute
June 14-17, 2017

The recommended method for registration and payment is online at:
http://www.theial.com
Mail in registrations: Please use this form

Registration Fees:
Laryngectomies/ Caregivers/family..$120.00 by May 11  ($150.00 after May 11)
Speech-Language Pathologists...........$400.00 by May 11 ($450.00 after May 11)
Graduate Students ..........................$200.00

First Attendee (please print)_________________________ Laryngectomee? ___Yes ___No
Second Attendee (please Print) ______________________ Laryngectomee? ___Yes ___No
Street Address ________________________________
City________________________ State/Province ___________ Zip__________ Country _______

☐Check here if you require assistance, have dietary restrictions, or need special accommodations to
attend the meeting because of physical limitations. You will be contacted for other information.

Mail in registration forms must have check or money order payable in U.S. dollars to the
International Association of Laryngectomies (IAL)

Fill out for Credit Card:
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Mail to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, Ga. 30309
The 66th IAL Annual Meeting and Voice Institute will meet in Newport News, Virginia, from June 14-18, 2017. Make plans to join your friends at the IAL in coastal Virginia. The first shipyard in the U.S. was established in Newport News and the area is steeped in American history. The Tidewater Lost Chord Club located in Virginia Beach and the Peninsula Lost Chord Club located in Newport News are very active laryngectomee support groups who are ready with the best of southern hospitality to share its history and beauty with you.

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- AUX input for Music

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*Calculated using competitors measurement method
Giving more people with a laryngectomy the freedom to speak hands-free

Being able to speak again, hands-free, remains an unfulfilled goal for many people following their total laryngectomy operation. But thanks to the new, easier to use, Provox FreeHands FlexiVoice, more and more people are now achieving this important landmark.*

Provox FreeHands FlexiVoice
• Easier voicing compared to other hands-free devices
• Can also be switched to ‘manual mode’ for finger occlusion, adding flexibility
• Click-and-go assembly

Contact 800.217.0025 or info.us@atosmedical.com for more information

*In a recent clinical study more than 90% of the users were able to speak hands-free with Provox FreeHands FlexiVoice. About half of the users used it every day.

Atos Medical products and expertise are developed in close cooperation with leading institutions, doctors, researchers, speech language pathologists and patients from all over the world. All our claims and arguments rest on the results of clinical studies. Atos Medical started the research and development on the first Provox voice prosthesis in 1987. Throughout the years, we have worked hard to develop Provox as the leading voice and pulmonary rehabilitation system on the market.