

## NHF ANNUAL CONFERENCE APPLICATION 2017

Thank you for your interest in joining NHF Colorado and others from the bleeding disorder community for the National Hemophilia Foundation Annual Meeting!

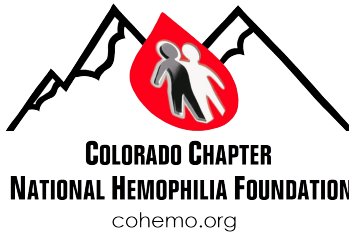
The NHF Annual Conference will be held from August 24-26<sup>th</sup>, 2017 in Chicago. The conference is a great opportunity to meet other community members, attend enlightening educational sessions of all types, and a final night event that is always fun for the whole family. For all the details about the agenda, general facts and more visit the National Hemophilia Foundation website ([www.hemophilia.org](http://www.hemophilia.org)).

This year, the Chapter is offering several levels of support to attend the conference. Priority to the fully funded scholarship will be given to a family or individual who has never attended the Annual Conference. That being said, there are plenty of other levels to apply for!

- 100% expense paid (airfare & hotel costs) for a family or individual that has never attended NHF's Annual Meeting before.
- Airfare expenses for a family that requires assistance with travel expenses in order to attend.
- Airfare expenses for an individual that requires assistance with travel expenses in order to attend.
- Hotel room for a two-night stay for family that requires assistance with travel expenses in order to attend.
- Hotel room for two-night stay for an individual that requires assistance with travel expenses in order to attend.

Important application details:

- Please complete the following application and return via email to [info@cohemo.org](mailto:info@cohemo.org) no later than May 5<sup>th</sup>, 2017.
- Use a different color or style font for your responses.
- Initial Preference will be given to those individuals who have not previously attended the NHF Annual Conference



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## PRIMARY CONTACT INFORMATION

Primary Contact Name (First and Last):

Address:

City:

State:

Zip:

Birthday (Month/Date/Year):

Primary phone number:

Primary email address:

What is the best way to reach you (mobile, primary email, etc.)?

Airline Carrier Preference:

Airline Rewards Number (if applicable):

Additional family member names & ages that wish to attend (if applicable):

1. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

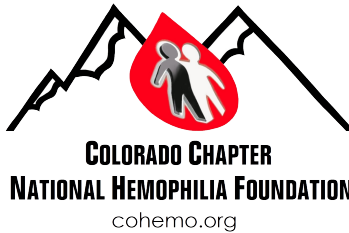
2. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

5. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

6. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_



7. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The applicant or family member of the applicant is:

- ☐ Person with a bleeding disorder
- ☐ Parent of a child with a bleeding disorder
- ☐ Other: Please describe

\_\_\_\_\_

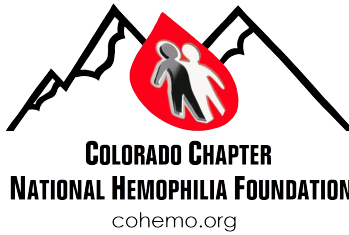
Indicate which level of assistance you'd prefer (check as many as apply):

- ☐ 100% expense paid (airfare & hotel costs) for a family or individual that has never attended NHF's Annual Meeting before.
- ☐ Airfare expenses for a family that requires assistance with travel expenses in order to attend.
- ☐ Airfare expenses for an individual that requires assistance with travel expenses in order to attend.
- ☐ Hotel room for a two-night stay, for a family that requires assistance with travel expenses in order to attend.
- ☐ Hotel room for two-night stay, for an individual that requires assistance with travel expenses in order to attend.
- ☐ If a full scholarship isn't available would you be willing to pay for either airfare or hotel costs for you/your family?

Have you ever attended the NHF Annual Conference? If so, what year(s)?

- ☐ Yes
- ☐ No
- ☐ Years: \_\_\_\_\_

Please describe why you are interested in attending the NHF Annual Conference and what you hope to get out of it?



By attending the NHF Annual Meeting, how can you bring back information you will have learned to the Colorado Community?

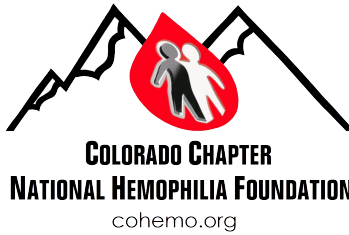
How many chapter events have you attended in the past 3 years and which ones?

Will you be using childcare at the meeting? Would you be willing to pay for childcare at the meeting (\$75 per child) or do you need assistance?

I/my family would be willing to volunteer for NHF Colorado by:

- ☐ Writing a blog post or posts about my experience at NHF Colorado
- ☐ Volunteering at an upcoming NHF Colorado event or program
- ☐ Participating in an NHF Colorado Committee
- ☐ Other. Please describe: \_\_\_\_\_

Please include any additional information you think will be helpful for NHF Colorado to know.



Please and complete this form and return via email (scanned PDF file or Word document) or postal mail no later than May 5<sup>th</sup>, 2017 to either:

[info@cohemo.org](mailto:info@cohemo.org)

OR

NHF Colorado  
1385 S. Colorado Blvd., Suite 610  
Denver, CO 80222

*Thank you for applying and we look forward to being in touch soon!*

For any additional questions, please contact NHF Colorado at [info@cohemo.org](mailto:info@cohemo.org).