

SINGLE ADULT/FAMILY REGISTRATION

Hemophilia Federation of America
Annual Meeting and Symposium
The Westin Crown Center – Kansas City, MO
April 23 & 24, 2010



To register: **(Registration Deadline – April 9th, 2010.)**

Mail: Hemophilia Federation of America 210 7th Street SE Ste 200B, Washington, DC 20003

Fax: 202-675-6983 Questions? Call 1-800-230-9797 (Toll Free) or 202-675-6984

To register children 18 and under, complete a **SEPARATE** Child/Teen registration form for **each** child after you have completed **THIS** form. Feel free to duplicate any form. *Young adults (ages 18-21) living at home with parent(s) may be included as part of the family registration.*

Section 1: Payment Information

Payment information must be received before we can process your registration.

Check the registration method: \$25 Individual \$50 Family (Parents & Children)

Payment Method: Check Money Order Credit Card

Credit Card Number _____ Security Code _____ Expiration Date _____
Circle One VISA | MC | AMEX Visa/MC on back, AMEX on front

Name on Credit Card _____ Signature _____

Other Payment Arrangements (Explain): _____

Section 2: INFORMATION (Please print neatly, or type.)

Your information

Your Name: _____
(Last Name, First Name, MI)

Address: _____

City: _____ State _____ Zip: _____

(Please list at least one contact phone number below.)

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Relation to Hemophilia/Other Bleeding Disorder (Circle)
Factor VIII | Factor IX | other Factor _____
vonWillebrand's | Family Member | Friend of Family
Carrier | Inhibitor | Other _____

Breakout Session Choice for Saturday, April 24th

Please choose one below.

HFA Dads in Action _____

HFA Focus on the Feminine _____

HFA Blood Brotherhood Session _____

Spouse (If applicable)

Spouse Name: _____
(Last Name, First Name, MI)

Work Phone: () _____

Cell Phone: () _____

E-mail Address: _____

Relation to Hemophilia/Other Bleeding Disorder (Circle)
Factor VIII | Factor IX | other Factor _____
vonWillebrand's | Family Member | Friend of Family | Carrier |
Inhibitor | Other _____

Breakout Session Choice for Saturday, April 24th

Please choose one below.

HFA Dads in Action _____

HFA Focus on the Feminine _____

HFA Blood Brotherhood Session _____

Do you authorize the use of photographs or videos for HFA use only? Yes No

Are you registering any children/ teens? Yes No (If yes, please list below.) You will need to complete a separate youth/young adult form for each, and send all with this form.

Children/Teen:

(Name and date of birth for each child list above) (Must fill out separate child/teen form for each child)