



**Hemophilia Federation of America  
Annual Meeting and Symposium  
The Peabody Hotel – Little Rock, Arkansas  
May 2-3, 2008  
SINGLE ADULT/FAMILY REGISTRATION FORM**

**To register:** (Registration Deadline - April 15, 2008.)

**Mail:** Hemophilia Federation of America 1405 W. Pinhook Rd, Ste. 101, Lafayette, LA 70503

**Fax:** (337) 261-1787 *Questions? Call 1-800-230-9797 (Toll Free) or 337-261-9787*

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 \_\_\_\_\_

(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**

**Spouse (If applicable)**

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, May 3**

*You MUST choose one below*

HFA Dads in Action \_\_\_\_\_

HFA Focus on the Feminine \_\_\_\_\_

HFA Blood Brotherhood Session \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
(Last Name, First Name, MI)

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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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)