



# SYMPOSIUM SCHOLARSHIP APPLICATION

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



To Register: (Registration Deadline - April 1, 2010.)

**Completed registration forms and appropriate registration fee must be submitted with this scholarship application and returned to:** Hemophilia Federation of America 210 7th Street SE Ste 200B, Washington, DC 20003

Fax: 202.675.6983 Questions call 1.800.230.9797

**First Time Attendees are eligible for Scholarships. Scholarships are limited to funding availability.** HFA's Symposium Committee has requested that you pay the registration fee in order for your scholarship to be processed. Should your scholarship not be accepted, your payment will not be processed.

**PLEASE PRINT:**

Name:	Home Phone: ( ) -
Work Phone: ( )	Cell Phone: ( ) -
Address:	City, State Zip
E-mail:	

**Individual**     **Family** (include names of each family member attending and ages of children under 18)

Names of Each Family member attending                      Sex    Age                      Relation

Names of Each Family member attending	Sex	Age	Relation

**PLEASE CIRCLE TYPE OF ASSISTANCE NEEDED: HOTEL / AIRFARE**

Departing City & Airport: 1st Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Preferred time of departure: \_\_\_\_\_

Are you or your spouse employed by a Homecare Company or Manufacturer  Yes     No

If yes, please identify Company \_\_\_\_\_

Have you received a previous HFA Symposium scholarship  Yes     No

**Relationship to Bleeding Disorder:**  Factor VIII     Factor IX     vonWillebrand's     Other \_\_\_\_\_

Parent     Child     Sibling     Spouse     Other \_\_\_\_\_

How did you find out about the HFA Educational Symposium?

\_\_\_\_\_

\_\_\_\_\_

HFA use only: Date Received \_\_\_\_\_ Referred By: \_\_\_\_\_ Date of Notification: \_\_\_\_\_