



14248 F Manchester Road, PMB #310, Manchester, MO 63011
(314) 482-5973

Educational Participant Grant Available for NHF's 64th Annual Meeting

To GHA Members,

Gateway Hemophilia Association is pleased to offer a \$1,000 educational participant grant to NHF's 64th Annual Meeting, "Mapping Our Future" in Orlando, Florida, November 8-10, 2012. The Annual Meeting enables our community to come together and exchange information on a wide variety of topics, from the basics of diagnosis to the most recent and relevant developments in treatment and technology. It is the premier opportunity for networking and support for individuals and families affected by bleeding disorders. Priority will be given to applicants who have not previously attended NHF's annual meeting.



Eligibility: GHA is offering a \$1,000 educational participant grant to individuals and/or families with bleeding disorders attending the Annual Meeting. We would like to provide assistance to those unable to attend due to personal obstacles or other barriers. Awards will be based on these factors, as well as on need. Grant recipients will be determined through an equitable selection process conducted by a volunteer review team.

What the Grant Covers: Grants may be used to cover the following:

- Airfare or mileage
- Hotel, for a maximum of three nights and four days
- Registration Fee

Application Deadline: Applications must be postmarked by **Monday, August 20, 2012** and mailed to;

Gateway Hemophilia Association
14248 F Manchester Road #310
Manchester, MO 63011



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Please answer all questions (it is necessary to ensure proper registration of each attendee) and submit this application by Monday, August 20, 2012. Grant recipients will be determined through a selection process conducted by a volunteer review team and will be notified no later than Tuesday, August 28, 2012.

Name Last _____ First _____ Middle Initial _____

Permanent Mailing Address _____ City _____

State _____ Zip Code _____ Date of Birth: Month _____ Day _____ Year _____

Phone (_____) _____ Email _____

Please write in the name, date of birth, gender and relationship of attendee(s) to applicant.

Name _____ Date of Birth _____ Relationship _____ Gender _____

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Have you or any members of your immediate family attended an NHF Annual Meeting? _____

Describe your bleeding disorder or that of your immediate family member(s).

Hemophilia A Hemophilia B VWD Other Bleeding Disorder Clotting Disorder

Name of affected family member(s): _____

Please provide the name of your physician or hemophilia treatment center. _____

Describe your reasons for wanting to attend the NHF Annual Meeting. _____

How will you take the information back to your community? (e.g., volunteering) _____

Grant recipients must agree to provide feedback regarding their experiences at NHF's Annual Meeting for possible use in a newsletter or on the GHA website.

Signature of Applicant _____ Date _____