



## AFFIRM Application Form

### Section 1: Personal Information

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Date of Birth

M    F  
Sex

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Email Address (required)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State or Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

### Section 2: Emergency Contacts (minimum of one)

\_\_\_\_\_  
Last Name, First Name, MI (Relationship)

\_\_\_\_\_  
Last Name, First Name, MI (Relationship)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

### Section 3: Medical Information

\_\_\_\_\_  
Diagnosis and Severity

\_\_\_\_\_  
Physician's Name, Treatment Center/Hospital

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Hospital Address

\_\_\_\_\_  
City, State or Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
How long have you attended this treatment center?

\_\_\_\_\_  
Do you have limited mobility or require any special services?

---

#### SECTION 4: TRAVEL INFORMATION

---

\_\_\_\_\_  
Name of airport nearest your home

\_\_\_\_\_  
City, State or Province, Country

\_\_\_\_\_  
Do you have a valid passport? (Yes or No)

\_\_\_\_\_  
Passport Number / Expiration Date

---

#### SECTION 5: ADDITIONAL INFORMATION REQUIRED TO PROCESS YOUR APPLICATION

---

Along with your application, the following items must be emailed (as attachments to a single email) to the specified email address by the closing date to be considered for selection in AFFIRM:

- At least one letter of reference from a teacher, care provider, employer or others able to recommend your participation and one letter of support from your local foundation, association or chapter.

Personal Essay: Type a brief essay in your own words, explaining your interest in joining the AFFIRM program. Describe why you are a good candidate for an international leadership program and what you hope to gain by participating. Include information about your interests and activities, past achievements and future ambitions, specific professional and educational plans, and any other information that will be useful in assessing your suitability. The length of your essay should be a minimum of 500 words. If you are faxing your application, please type or print clearly.

If you are faxing your application, please type or print clearly.

---

**SECTION 6: RELEASE OF INFORMATION/LIKENESS AND CONTACT INFORMATION**

---

- I give permission to Bayer and The University of Texas Health Science Center at Houston, Gulf States Hemophilia and Thrombosis Center, in accordance with the laws and guidelines of my country, to provide my contact details to global, regional and local patient support societies, associations and organizations for purposes including additional training, mentorship, and leadership and promotional opportunities.
- I give my permission to Bayer and The University of Texas Health Science Center at Houston, Gulf States Hemophilia and Thrombosis Center, in accordance with the laws and guidelines of my country, to contact me regarding local activities and events of interest (e.g., speaking opportunities, traditional or social media, etc.). I understand that my permission does not represent a commitment to participate in any particular activity and I may revoke it at any time.
- I give my permission to Bayer and The University of Texas Health Science Center at Houston, Gulf States Hemophilia and Thrombosis Center, in accordance with the laws and guidelines of my country, to use photographs and video of me during AFFIRM sessions and activities in publications or pamphlets for promotion of this program by organizer and sponsor, The University of Texas Health Science Center, Gulf States Hemophilia and Thrombosis Center, and Bayer, respectively.
- I give my permission to Bayer and The University of Texas Health Science Center at Houston, Gulf States Hemophilia and Thrombosis Center, to share or publish my projects and presentations from AFFIRM sessions and activities with other entities (e.g., global, regional and local patient support societies, associations and organizations) for purposes including medical congresses and publication.

---

Last Name, First Name

---

Email Address

---

Country

---

**SECTION 7: DISCLAIMER OF ACCEPTANCE**

---

Applicant acceptance is at the sole discretion of the AFFIRM selection committee. The Committee consists of representatives from The University of Texas Health Science Center at Houston, Gulf States Hemophilia and Thrombosis Center, University of Colorado Hemophilia and Thrombosis Center, and University of Michigan Hemophilia and Coagulation Disorders Program. Bayer does not have a role in participant selection.