REGISTRATION FORM

Please answer all questions

FLORIDA HEMOPHILIA ASSOCIATION
for all bleeding disorders

FHA 39th Annual Florida Bleeding Disorders Conference

July 22 - 24, 2022

Marriott Palm Beach Gardens
4000 RCA Blvd.
Palm Beach Gardens, FL 33410

ATTENDEE INFORMATION

❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms.

First Name *Initial* *Last Name* *Suffix (i.e., Jr, Sr)*

Mailing Address

City *State* *Zip Code* *Country*

E-Mail Address

Home Phone Number *Mobile Number* *Your Occupation/Company Name*

Please print clearly or type and complete a registration form for each adult.
Feel free to duplicate this form if necessary.

Is this your first FHA annual meeting? ❑ Yes ❑ No

Please complete the following information
(Note: Your information is confidential and can help us to plan/develop new programs for your benefit)

Select One:

A. Consumer ❑ Person with a bleeding disorder ❑ Family member of a person with a bleeding disorder
Type of disorder: ❑ Hemophilia A ❑ Hemophilia B ❑ VWD
❑ Other _____

Gender ❑ M ❑ F ❑ Transgender Date of Birth _____

Racial/Ethnic Background: ❑ Caucasian ❑ African-American ❑ Hispanic ❑ Asian/Pacific Islander
❑ Native American ❑ Other _____

What is the name of your Specialty Pharmacy/Homecare Company?

_____

Name of Hemophilia treatment center (HTC) and/or Hematologist?

_____

Indicate which of the following programs you are on, if any.
❑ Healthy Kids ❑ Medicaid ❑ CMS
❑ Medicare ❑ Other _____
❑ Private Insurance
Insurance Carrier: _____

Attendance at sessions is mandatory and is required to satisfy event rules.

REGISTRATION
You must submit your registration by **June 13, 2022**

$60 Up to (4) Four Family members per room
Additional rooms will require a fee of $60

Total Amount Enclosed Total $ _____

Register Here for the Mental Health Pre-con on Fri. July 22

❑ Please check the box if you would like to participate in the program. **The Pre-con will begin at 2:30 p.m.**

WILL BE CHECKING IN ON ❑ Friday 7/22 **AND CHECKING OUT** ❑ Sunday 7/24

❑ METHOD OF PAYMENT: (check one) ❑ Check ❑ Money Order ❑ Paypal

Make checks or money orders payable to: Florida Hemophilia Association
Please send check or money order for registration fees.

ROOM GUARANTEE: Please include credit card information for room guarantee only. Your credit card will only be charged if you do not cancel your reservation with FHA by July 19, 2022.

Room Guarantee Credit Card Information: ❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

CC# _____ Exp. Date: _____ Sec. Code: _____
Month / Year

_____
SIGNATURE

Registration for FHA's Annual Meeting and it's Program for Kids/Teens implies consent that any pictures, video, audio taping during the meeting program and FHA-related events can be used by FHA for Annual Meeting coverage and for promotional purposes. Please notify FHA if you do not want your child's picture used.

MAIL FORMS TO:
Florida Hemophilia Association
Attn: Debbi Adamkin
915 Middle River Drive,
Suite 501
Fort Lauderdale, FL 33304

info@floridahemophilia.org
Fax: 954-900-5149

REGISTRATION FORM for KIDS and TEENS

Please answer all questions

NOTE: Please print clearly or type and complete a registration form for each child.
Feel free to duplicate this form as necessary.

ATTENDEE INFORMATION

_____
Child's Name

_____
City *State* *Zip Code* *Country*

Gender: ❑ *M* ❑ *F*

_____
Date of Birth (MM/DD/YYYY) *Age at time of meeting*

❑ *Dr.* ❑ *Mr.* ❑ *Mrs.* ❑ *Ms.*

_____
Parent/Guardian Attending Meeting (First and Last Name) *Relationship to Child*

_____
Daytime Phone Number (Including Area Code)

_____
*Parent's/Guardian's Pager or Cellular Number (to reach you onsite in case of emergency—**required**)*

Please complete the following information
(Note: Your information is confidential and can help us to plan/develop new programs for your benefit)

Consumer: ❑ Person with a bleeding disorder ❑ Family member of a person with a bleeding disorder

Type of Disorder: ❑ Hemophilia A ❑ Hemophilia B ❑ VWD ❑ Other _____

Racial/Ethnic Background: ❑ Caucasian ❑ African-American ❑ Hispanic ❑ Asian Pacific Islander ❑ Native American ❑ Other _____

Does your child have any medical problems, allergies, limiting disabilities, or is s/he taking any medications (prescribed or otherwise)? ❑ Yes ❑ No If yes, please explain (FHA employees cannot administer medication to program participants)

Release of Liability
I understand that parts of the FHA annual meeting Program for Kids/Teens may be physically demanding. I affirm that my child's health is good and that s/he is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I understand that each participant assumes the risk of possible injury, loss, or damage during participation. In the event of an emergency, I understand that an effort will be made to contact me. I also agree to remain on premises (at the hotel) during the Program. If contact is impossible, I give permission for emergency medical attention, including treatment as recommended by an attending physician, to be administered to my child. I understand that I am responsible for any medical cost.

_____
Parent/Guardian Signature Date

Registrations for Kids/Teens must be submitted by June 13, 2022

There is no onsite registration for this program.

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Will your child be attending the Kids or Teen Program? ❑ *Yes* ❑ *No*

If yes, please check the appropriate box below

❑ **Program for Kids: ages 0-6 years**

❑ **Program for Older Kids: ages 7-12 years**

❑ **Program for Teenagers: ages 13+ years**

NOTE: THERE IS NO ONSITE REGISTRATION FOR THIS PROGRAM.

IMPORTANT INFORMATION

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