



## APPLICATION FOR NV ADVOCACY DAY PARTICIPATION & TRAVEL SCHOLARSHIP

February 17-18, 2019 – Carson City, NV

**DUE DECEMBER 15, 2018**

**Please read the following information to understand the goals and process for the NV State Advocacy Day.**

- Our goal is to have at least 20 individuals from across the State participate.
- Individuals selected from southern Nevada will be eligible for the flight and hotel room on 2/17.
- Individuals from northern Nevada will be eligible for a hotel room, and gas card if they live 50+ miles from Carson City.
- Selected individuals will be notified by December 20<sup>th</sup>.

**Selection Criteria:** The Nevada Chapter's Advocacy Committee will be drafting talking points for the NV Advocacy Day that focus on key issues effecting access to care and targeting key decision makers within the legislature. Individuals will be prioritized for participation based on:

- Participation in advocacy trainings held throughout the year in 2018
- Advocacy story that highlights issues included in talking points
- Constituents of targeted elected representatives (Live in the district of a key decision maker)

**Commitment:** Please initial each line to indicate you understand that by applying, you commit to fully participate in all activities:

- Attending the Advocacy Training on 1/26 (Southern Nevadans Only)
- Attending Training on 2/17 in Carson City from 4 pm – 8 pm
- Attending Advocacy Breakfast at Legislature 6:45 am on 2/18
- Attending scheduled meetings at Legislature until 2 pm on 2/18
- Sticking to “your story” and prepared talking points

**Please complete the following information to express your interest in attending the NV State Advocacy Day.** Complete information is required to book flights, hotel rooms, and schedule meetings with your representatives.

### BASIC INFORMATION

#### Attendee 1:

Name on Nevada ID: \_\_\_\_\_

Nevada Chapter of the National Hemophilia Foundation  
222 S. Rainbow Blvd. • Suite 203 • Las Vegas, Nevada 89145  
Phone 702.564.4368 • Fax: 702.446.8134 • [www.hfnv.org](http://www.hfnv.org)



Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attendee is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: \_\_\_\_\_

Attendee is requesting travel assistance:      YES              NO

**Attendee 2:**

Name on Nevada ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attendee is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: \_\_\_\_\_

Attendee is requesting travel assistance:      YES              NO

**Attendee 3:**



Name on Nevada ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Attendee is a: (select all that apply)

- Person with a bleeding disorder
- Parent/guardian of a minor child with a bleeding disorder
- Carrier of a bleeding disorder
- Unaffected advocate for persons with bleeding disorders

Type of bleeding disorder: \_\_\_\_\_

Attendee is requesting travel assistance:      YES                      NO

If you have more than 3 individuals in your family that are interested in attending the NV Advocacy Day, please complete an additional application.

**Please share any challenges you or your family has faced with accessing care or medications:**

**Please share issues you are concerned about accessing care or medications:**

I, \_\_\_\_\_, certify that the information I have submitted is true and accurate to the best of my knowledge. In the event there is change to the information I have provided on this application, I will notify the Nevada Chapter of the National Hemophilia Foundation within 15 days.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_