AFFIRM INITIATIVE

ADVANCING FUTURE FEMALES
IN INTERVENTIONAL RADIOLOGY & MEDICINE

CONTACT INFORMATION:

First and Last Name:

Address:

Email:

Phone:

Emergency Contact:

RACE:

- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian / Other Pacific Islander
- ☐ Caucasian
- ☐ Other

* The above information is collected for reporting purposes only.

SCHOOL INFORMATION:

School Name:

School Address:

Current Year:

Anticipated Graduation Date: