AFFIRM INITIATIVE

ADVANCING FUTURE FEMALES IN INTERVENTIONAL RADIOLOGY & MEDICINE

APPLICATION

Please complete all required fields.

ABOUT YOU

FIRST NAME

LAST NAME

PERSONAL EMAIL

PHONE

Use an email you expect to keep after medical school.

MEDICAL SCHOOL

CURRENT YEAR

GRADUATION YEAR

EVENT YOU'RE REGISTERING FOR

Please enter the location and date of the AFFIRM event you plan to attend.

EVENT LOCATION

City, State

EVENT DATE

Month / Year

EMERGENCY CONTACT

FIRST NAME

LAST NAME

PHONE

TWO SHORT QUESTIONS

Optional - brief responses are encouraged.

1. **Why are you interested in attending the AFFIRM Initiative event?**

2. **What is one question you hope to have answered at the event?**

SUBMIT ON OUR WEBSITE OR EMAIL DIRECTLY AFFIRMIR@gmail.com

AFFIRM may use de-identified, aggregate application information for program planning and evaluation. Any research use will follow applicable institutional requirements.