

Patient Advocate Fellowship Program Application

DIA 2012 | Philadelphia, PA | June 24-28



GENERAL INFORMATION

Last Name:	First Name:	Dr. Mr. Mrs. Ms.	
Organization:	Job Title:		
Address:			
City:	State:	Zip Code:	Country:
Phone: (Work)	(Alternate)		
Website:			
Email:			

Please complete all sections below.

What can you contribute to the DIA Patient Advocate Fellowship Program? **(500 word maximum)**

To what extent is your organization already involved in the medical research and drug development process? **(500 word maximum)**

What next steps do you see your organization taking as you develop relationships with DIA and industry, government and academia? **(500 word maximum)**

MISSION STATEMENT (150 word maximum)

BIOGRAPHY (150 word maximum)

LETTER OF SUPPORT (Include a letter of support from Executive Director or Board Member)

CONSTITUENTS

Which best describes the constituents you serve? (check only one)

- Major Chronic Diseases
- Rare/Orphan Diseases
- Diseases with Limited or No Treatment Options

ORGANIZATION PRIORITIES

Which best describes your organization's funding priorities? (rank from 1 – 3 with 3 = highest)

- Advocacy
- Biomedical Research and Drug Development
- Education

INDIVIDUAL EXPERIENCE

Which best describes your skills and experience? (check all that apply)

- Advocacy
- Biomedical Research and Drug Development
- Education
- Executive Management
- Policy
- Programmatic

SPEAKER REQUEST

If you are a patient, in addition to being a representative of your organization, are you willing to speak or be on a panel?

YES

NO

Please note that interested speakers will be contacted if opportunities become available.

How did you first learn about the DIA Patient Advocate Fellowship Program? (check all that apply)

<input type="radio"/> Email from DIA	<input type="radio"/> Non-DIA publication
<input type="radio"/> Email from third party other than DIA	<input type="radio"/> Non-DIA Website
<input type="radio"/> DIA meeting	<input type="radio"/> Colleague/Supervisor
<input type="radio"/> DIA publication	<input type="radio"/> Press Release
<input type="radio"/> DIA website	<input type="radio"/> Social Media (Twitter, LinkedIn, facebook)
<input type="radio"/> Other: please specify	

Timeline

Application Announcement	December 1, 2011
Application Deadline	February 1, 2012
Applicant Notification	March 11, 2012
Annual Meeting	June 24-28, 2012 (arrive Saturday June 23)

Donna L. Mayer, Program Coordinator
 Drug Information Association
 800 Enterprise Road, Suite 200
 Horsham, PA 19044 USA
 Phone: 215-293-5817
 Fax: 215-293-5969
 donna.mayer@diahome.org

Completed applications must be faxed to Donna Mayer at 215-293-5969 by Wednesday, February 1, 2012.