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www.audiologyfoundation.org

YES, I WANT TO JOIN THE CELEBRATION!

Name:

School Attended/Attending:

I am still in school:

Yes

No

Year Graduated:

Year in School:

Grant(s) Received:

Year (and/or School Year) you received the grant(s):

How did the grant(s) you received from the AAAF impact you?

What are you doing today in the audiology and hearing health profession?

Please share your experience working with AAAF to help inspire students, potential donors, or the general public to support the AAAF.

Please select the following permissions (check all that apply):

I give the AAAF permission to share my story:

- in its annual stewardship report
- public awareness campaign
- on the Foundation website and social media outlets

I am submitting photos/videos of my work. I understand these will be used in outreach materials by AAAF. I give AAAF the permission to use my likeness:

- in its future reports
- in its potential advertising campaigns
- on the Foundation website and/or social media sites

By signing and returning this form, you are agreeing to the option(s) you selected above.

Signature:

PLEASE NOTE: TO SUBMIT YOUR INFORMATION, PLEASE SAVE A COPY OF YOUR COMPLETED FORM AND SUBMIT IT, ALONG WITH ANY PHOTOS (PLEASE INCLUDE CAPTIONS) OR VIDEOS OF YOU AT WORK TO RISSA DUQUE-YANGSON AT RYANGSON@AUDIOLOGY.ORG.

QUESTIONS? PLEASE CONTACT RISSA DUQUE-YANGSON AT 703-226-1049, OR VIA EMAIL AT RYANGSON@AUDIOLOGY.ORG.

THE AAAF WELCOMES YOUR INVOLVEMENT. PLEASE CONTACT US IF YOU ARE INTERESTED IN LEARNING HOW YOU CAN HELP IMPACT FUTURE GENERATIONS OF AUDIOLOGISTS, THE GENERAL PUBLIC, AND MORE.