

Sharing your story with others

As you know, issues surrounding infertility are often in the news. Pacific Fertility Center is frequently approached to offer insight into the latest breakthroughs or research findings and to participate in documentaries, TV and radio programs. We support responsible reporting and do our part to inform the public about the real issues in infertility.

We understand that infertility is a very personal, private matter. Sharing your experience with others may not be for you and we do not want to imply that there is an expectation for anyone to participate. **Confidentiality is our utmost concern in dealing with the press, so your name would NEVER be provided to anyone without your consent.**

Physician:

Dr. Philip Chenette Dr. Carolyn Givens Dr. Carl Herbert Dr. Isabelle Ryan Dr. Eldon Schriock

Here is my/our story: (I realize for editing reasons, the complete story may not always be used.) Please use the other side of this paper. You may also submit your story via email to info@pacificfertility.com.

I/we are willing to share my/our story in an unlimited variety of media (electronic, print, digital, etc.) including PFC's monthly newsletter, Fertility Flash™.

I/we would be willing to share my/our story only under these circumstances: _____

Photograph(s) provided are my/our sole property and I/we give Pacific Fertility Center permission for unlimited use. Please mail or email photographs to info@PacificFertility.com (preferred: jpeg, high resolution, large file: 300dpi)

I/we are willing to be contacted by a Pacific Fertility Center representative regarding an opportunity to share my/our experience(s) with writers, reporters, TV, radio producers.

I/we would be willing to accept a phone call from a PFC patient seeking peer support and information.

I/we would be willing to accept a phone call from a PFC Egg Donor seeking peer support and information.

I/we share this story and any accompanying photos freely.

Concerning identifying me/us as author(s) please:

Sign as "Anonymous" Sign only my/our initials, city and state

Sign only my/our initials Sign this name/pseudonym: _____

If you wish to complete the previous evaluation form anonymously, please place this page in a separate envelope and mail it to the center.

Name _____ Date: _____

Phone: _____ (OK to leave a message) Email: _____

Mailing Address: _____

Signature: _____ Date: _____

Partner's signature: _____ Date: _____

Partner's Name: _____

Please Print

Thank you for taking the time to fill this out and to have the willingness to share your story!

Please print, complete, sign and mail or fax to:

Pacific Fertility Center®, Attn: Marketing Dept., 55 Francisco Street, Suite 500, San Francisco, CA 94133, FAX: 415-834-3080
Please phone 888-834-3095 with questions regarding this submission. Thank you for sharing your story with others!