

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

- 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 FlashSM.
- I/we are willing to share my/our story only under these circumstances. _____
- Photograph(s) provided are my/our sole property and I 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 Egg Donor seeking peer support and information.
- I/we share this story and any accompanying photos freely.
- I/we realize for editing reasons, the complete story may not always be used.
Please print or type your story on the other side of this paper or on an additional page(s) or submit on a CD using *Word*.

Concerning identifying me as author please:

- Sign as "Anonymous"
- Sign my/our initials _____
- Sign my/our initials, city and state _____
- Sign this pseudonym(s) _____

Please provide the following information. This information will NOT be shared with any party outside of PFC.

Phone: _____ OK to leave a discrete message.

Email: _____ OK to email you regarding this story.

Name: _____
Please Type or Print

Mailing Address: _____

Signature: _____ Date: _____

Partner's Name: _____
Please Type or Print

Partner's Signature: _____

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

Pacific Fertility Center[®], PR Manager-Story, 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!