



AAKP is pleased to partner with Advicenne, a specialty biopharmaceutical company focused on the development of pediatric friendly therapeutics for the treatment of orphan renal diseases and niche neurology indications, to offer *travel scholarships\** to support patients and family members affected by primary distal renal tubular acidosis (dRTA) attend the AAKP National Patient Meeting, Sept. 6-8, 2019 in Washington, D.C.! The AAKP Meeting is the largest event of its kind in the U.S., providing patients and care partners with access to the most accurate and timely disease information through direct interaction, educational sessions and an extensive exhibit hall.

\*A limited number of travel scholarships are available. Travel scholarships are available ONLY for individuals with primary dRTA and up to one additional family member (total two per household). Travel scholarships will be awarded on a first come, first served basis and will be awarded until funds are exhausted. Travel scholarship amounts will range between \$150 - \$1,055 awarded per person (final amount based on recipient(s) location and ability to attend the convention days) and will be distributed in the form of reimbursement. An expense form will be provided to award recipients, and receipts must be attached. Any additional expenses incurred beyond the amount awarded is the responsibility of the recipient. In the event of a cancellation, any prepaid funds must be returned to AAKP.

## Scholarship (per person)\*

- AAKP Full Patient/Family Registration: \$150 (includes three continental breakfasts, two boxed lunches, one dinner (Saturday evening Awards Banquet), afternoon breaks, admission into all educational sessions and exhibit hall, attendee tote bag)
- Airfare (est. roundtrip): \$350
- Three hotel nights at official convention hotel at group rate: \$555 (\$159/+ taxes and fees, est. \$185/night)

**TOTAL: \$1,055** 

\*Travel scholarships awarded to a family include only one hotel room (double beds)

For more information, please contact Erin Kahle, AAKP Director of Stakeholder Operations: <a href="mailto:ekahle@aakp.org">ekahle@aakp.org</a>, 813-400-2393

* Please fill out the top p		yourself, then have	your Healthcare	Provider fill out the
rest of this page and the	Tollowing page.			
Applicant's Name:		_Applicant's DOB:		
Applicant's chosen activity	ty:			
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Healthcare Provider's Na Healthcare Provider's E-r				
Center/Facility Mailing A				
City:	State:	Zip code: _		
Contact Person:				
Phone: ()	E-ma	nil (required):		
Dear Healthcare Provide	r.			
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Scholarship from the Am				
process is to verify with t	heir Healthcare Pro	ovider their current h	ealth status.	
The information we wou	•			
1. Has this patient b	_		reditary) distal re	enal tubular acidosis
• • •	YesN		Voc	No
2. Does this patient	take oral alkali ther	apy to treat unia?	Yes	No
As the primary Healthcar	e Provider for the r	patient listed above. I	support and end	courage their
participation in this activ	•	•	• •	J
form of interaction betwe	een primary dRTA բ	patients, and the fund	ds being applied	for are strictly for
individual purposes of pr	omoting education	and recreation. I fee	I that he/she is a	n excellent candidate
to receive a Scholarship t	through the AAKP.			
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Healthcare Provider (Sigr		 Date	/ / 201	<u>19</u>
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