



Media Participation Questionnaire

The LAM Foundation is currently looking for patients and caregivers willing to share their story with members of the media. Sharing your personal journey will help educate the public about LAM and raise awareness of this rare disease. Below is a questionnaire to help The LAM Foundation get to know your story. Please complete and return to Sue Byrnes at sbyrnes@thelamfoundation.org by Friday, November 3, 2006. Should you indicate interest in participating in media activities, someone will follow up with you via phone. Thank you!

General Information

Name:

Address:

Email Address(es):

Home Phone:

Work Phone:

Cell Phone:

The best way/time to reach you is by

Please indicate your age range(check one): 18-24 25-34 35-44 45-54 55-60

The LAM Foundation likes to have a photo of all LAM patients/family members to accompany their personal story. Are you willing to share with us a digital photo of yourself? If yes, please email it to Sue Byrnes, regardless of your participation in media activities.

Media Experience

Are you comfortable sharing your personal LAM experience with others?

Yes No

Are you willing to share your story with television, radio or newspapers media (check all that apply)?

Television Radio Newspaper

Are you willing and physically able to travel to out-of-state interviews (all travel costs and expenses will be paid by The LAM Foundation)?

Yes No

Would you be interested in receiving training to help prepare you for media interviews?

Yes No

Please describe any previous media interview experience you may have had (i.e., local or national? television, radio or a newspaper?).

By checking the box below, I authorize The LAM Foundation to share the information I have provided on this form with its public relations agency, Spectrum Science Communications.

I agree I disagree