National Lymphedema Network

WHAT'S YOUR STORY?

The National Lymphedema Network publishes lymphedema patient stories in our quarterly publication, LymphLink. If you or anyone in your community would like to contribute an inspirational, challenging, or interesting anecdote about your personal experience with lymphedema, please return this form to the contact information listed below, and use the following guidelines:

- Please keep submissions to less than 600 words.
- If possible or relevant, please send 2 photographs that could accompany the story.
- The NLN will edit submissions based on grammar, style, and length.
- Please include your address on this form (NLN will mail a copy of accepted submission).
- Please either write your story in the space below, or include it in additional pages.

Name:_____
Address:_____
City: _____
State: _____
Zip: _____

I am including image(s) to accompany this story: _____Yes _____No

*Write your story in the space below, or include it on an additional page/attachment:*_____

Please return this form with any attachments (hard-copy, email or fax) to:
National Lymphedema Network – 225 Bush St. Ste 357 – San Francisco, CA 94104
*NLN@lymphnet.org * Fax: 415-908-3682*