

K LIVING WITH IT  
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# IMAGINE YOUR LIFE AS A GRAPHIC NOVEL!

IT'S THE EXCITING NEW COMIC SERIES  
YOU'LL WANT TO READ...

DON'T MISS A SINGLE ISSUE! SIGN UP TODAY.





# K LIVING WITH IT!

## HERE'S WHAT YOU NEED TO KNOW ABOUT ME:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email address: \_\_\_\_\_

Name of my Hemophilia Clinic: \_\_\_\_\_

**YUP! I WANT TO CATCH EVERY ISSUE OF K'S GRAPHIC NOVEL! SIGN ME UP TO THE K TEAM NOW! \***

**SEND ME STUFF IN:**  **ENGLISH**  **FRENCH**

### PASS THIS NEXT PART OVER TO YOUR PARENTS!

**Parental Consent:**  
I hereby agree to allow my child to enroll in the K Team and receive updates on the K graphic novel.

Parent signature: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

Date: \_\_\_\_\_

The personal information obtained from this form is strictly confidential and will not be sold or shared with third parties without prior consent.

 **Bayer HealthCare** Bayer Inc.  
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\*By opting in and providing your email address you agree to receive electronic communications from us.

**ALL DONE?  
FILLED EVERYTHING IN?** Great! Seal it and send it now!