

**** Please print this form and fax it to 916.914.6324 ****

Contact Information

Name _____

Address _____ Phone _____

Fax _____ Email _____

Host name _____ Host phone number _____
(If different from name above)

Event Information

Event name _____ Event theme _____

Venue _____ Address _____

Event date _____ Start Time _____

of Workshops/Msgs _____ Set Up Time _____

Message: HIV 101 or Positive Speaking

Description _____ Time allotted _____

Provide Handouts? **Yes** or **No** (circle one) Have condoms available? **Yes** or **No** (circle one)

Audience Information

Audience Type: Religious ____ Clergy ____ Secular ____ Youth ____ College ____ School ____

Average age: From ____ yrs To ____ yrs

Projected Number of Attendees _____ Male/Female _____ Ethnicity _____

***If you have additional information to provide please attach via email or fax on separate sheet of paper.**

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