



2011 African American and Hispanic Leadership Conference on HIV/AIDS

**Get Educated. Get Tested.
Get Involved. Get Treated.**

Dear Exhibitor;

The Cabinet for Health and Family Services, Department for Public Health is proud to announce the African American and Hispanic Leadership Conference. The conference will be held October 24-26, 2011, at the Galt House Hotel in Louisville, KY. The theme for the conference is **“Get Educated. Get Tested. Get Involved. Get Treated.”**

As the only one of its kind in Kentucky, this conference presents a unique opportunity for the community, community-based organizations, local, state and federal agencies, and others in the field of HIV/AIDS and Hepatitis to come together and focus on improving the services available to persons infected with and affected by HIV disease.

The conference planning committee would like to extend an invitation for your organization to participate as an exhibitor during the conference. Non-Profit Exhibit booths are \$50 and include the following:

- * 3-day booth rental (Mon., Tues., and Wed.)
- * (1) 6' skirted table
- * (1) chairs
- * \$50 booth includes admission for 1 representative (includes lunch Mon., Tues. and Wed.)
- * Attendance for additional representatives is \$50 per person.
- * Sponsorship recognition on the final agenda
- * “Meet and Greet” Exhibitor Hour with Hors d’ oeuvres

Electrical outlets and extension cords are available upon request.

**Please make checks payable to LFCHD/AAHLC and mail to:
Department for Public Health
HIV/AIDS Branch, Mail Stop HS2E-C
Frankfort, KY 40621
All responses are requested by September 15, 2011.**

A block of rooms has been reserved for the conference at \$99.00 per night plus tax. Reservations must be made no later than September 15, 2011 to guarantee rate and availability. To make reservations, please call the Galt House Hotel, at 1-502-589-5200 and refer to the HIV/AIDS Conference.

If you have any questions or comments, you may contact Beverly Mitchell, Michael Hambrick or Merinda Brown at 1-800-420-7431. I look forward to hearing from you.

Sincerely,

Beverly Mitchell
2011 Conference Co-Chair





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NON-PROFIT EXHIBIT FORM

Organization Name _____
Address _____

Contact Person _____
Phone Number _____
E-mail Address _____
Exhibit Representatives _____

(additional - \$50 ea.) _____

Our organization will need the following items for the exhibit booth
_____ Electric _____ Ext. Cord _____ Other (please specify) _____

(1 6' table and 2 chairs will be provided)

Representative Total Cost \$ _____
Exhibitor Booth \$ _____
Total Amount Enclosed \$ _____

Please list any dietary needs _____

**Please mail Exhibit Form and
a check made payable to LFCHD/AAHLC to:
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HIV/AIDS Branch, Mail Stop HS2E-C
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