

African American / Latino Leadership Conference on HIV/AIDS Registration Form

Name:

Title:

Address:

Address 2:

City: _____ State: _____ Zip: _____

email:

Please note: To guarantee you are included in the Pre-Registered List, mailed registrations should be received by August 29, 2009.

Please make checks payable to: L.F.C.H.D./AAL Conference.

Print this page and mail it along with your check to:

Beverly Mitchell

Dept. for Public Health

African American and Hispanic Leadership Conference

HIV/AIDS Branch

275 East Main Street

Mail Stop HS2E-C

Frankfort, Kentucky 40621