



## **2011 African American and Hispanic Leadership Conference on HIV/AIDS**

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

October 24-26, 2011  
The Galt House Hotel  
140 North 4<sup>th</sup> Street  
Louisville, KY

***Kentucky***  
UNBRIDLED SPIRIT™

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UNBRIDLED SPIRIT™  
**CHFS**  
Department for Public Health  
275 E. Main Street  
Frankfort, KY 40621

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 140 North 4<sup>th</sup> Street  
 Louisville, KY 40202  
 1-502-589-5200

Early Registration Fee:

**Group Rate** - \$225.00 for a group of 5 -- (\$45.00 for each additional person) *available only until August 15, 2011*

**Individual Rate** - \$50.00 for an individual *available only until Sept. 15, 2011*

Late Registration:

**\$60.00** for an individual \*\*Registrations accepted during Conference.

Room Rate \$99.00 before September 15, 2011 (Kentucky Conference on HIV/AIDS and Viral Hepatitis.)

**For more information, please call Beverly, Merinda or Michael at 1-800-420-**

### WHY THIS CONFERENCE?

The Cabinet for Health and Family Services, Department for Public Health, is proud to announce the African American and Hispanic Leadership Conference. *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 Viral Hepatitis to come together and focus on improving the services available to persons infected with and affected by HIV disease.

### WHO SHOULD ATTEND?

This conference is designed for anyone interested in or dedicated to stopping the spread of HIV/AIDS and Hepatitis. Health care and social service professionals who are involved in planning and/or providing direct delivery of services to those persons living with HIV/AIDS in Kentucky, as well as persons who are interested in improving the quality of life for people living with HIV/AIDS. Leaders of all segments of the community are asked to attend to get information and the knowledge to mobilize their communities to help stop the spread of HIV/AIDS.

### CONFERENCE AGENDA (subject to change)

| Date                           | Time                                    | Type of Session  | Description  |
|--------------------------------|---|--|--|
| Sunday,<br>October 23, 2011    | 12:30pm - 1:30pm<br><br>1:30pm - 4:30pm | Pre-Conference: Hispanic Community<br><br>Lunch<br><br>Latino Community Dialogue.<br>(Free to the public). | Enjoy lunch, then a community dialogue for those interested in increasing HIV/AIDS Awareness, Prevention and Service activities in the Hispanic Community. |
| Monday,<br>October 24, 2011    | 10:00am - 4:30pm                        | Pre-Conference: Faith Institute and Lunch Speaker Rev. Edward Sanders, Sr.<br>(Free to the public).        | A Call-to-Action for those interested in increasing HIV/AIDS Awareness, Prevention, and Service activities in the Faith-Based Community.                   |
| Tuesday,<br>October 25, 2011   | 8:30am - 4:30pm                         | Day 1  | The Day will consist of a continental breakfast, the Opening Ceremony & Welcome, Session Workshops and lunch.  |
| Wednesday,<br>October 26, 2011 | 8:00am - 3:30pm                         | Day 2  | The Day will consist of a Plenary Breakfast, Session Workshops, lunch and the Closing.   |

### WHAT ISSUES WILL BE ADDRESSED

|                            |                               |                       |
|----------------------------|-------------------------------|-----------------------|
| Men that have sex with Men | Sexually Transmitted Diseases | HIV and Corrections   |
| Women and HIV              | Aging and HIV                 | Youth and HIV         |
| SSI/SSDI                   | Transgender                   | Advocacy              |
| Housing                    | Immigration                   | Hispanic Issues       |
| African American Issues    | Mental Health                 | Substance Abuse       |
| Cultural Competency        | Social Media                  | Hepatitis A, B, and C |

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For more information, please call Beverly, Merinda, or Michael at 1-800-420-7431

**Please Print or Type:**    Individual Registration    Group Registration *(available only until August 15, 2011)*

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

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*Please make check or money order payable to: LFCHD/AAHLC*

My check or money order for \$ \_\_\_\_\_ is enclosed.

*Pay by credit card below using PayPal on our website:*

<http://www.aahlc.com>

Name \_\_\_\_\_

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_    Expiration Date \_\_\_\_/\_\_\_\_

3 digit CVC code (located on back of credit card) \_\_\_\_\_    Amount Charged \$ \_\_\_\_\_

Signature for Authorization \_\_\_\_\_

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Mail To:    Department for Public Health  
              HIV/AIDS Conference  
              275 East Main Street HS2E-C  
              Frankfort, KY. 40621-0001

Fax: 502-564-9865

Name of Group or Organization \_\_\_\_\_.

Please list all those covered under Group Registration Rate.

1.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

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2.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

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3.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

4.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

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5.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I request Vegetarian Meals.

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6.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

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