



REGISTRATION FORM

The first Florida Latino HIV/AIDS Leadership Summit is set for October 7th-8th, 2010 in Fort Lauderdale. The Summit is a community effort led by *Latinos en Acción* of Broward County and the Florida Latino AIDS Advisory Group in recognition of National Latino HIV/AIDS Awareness Day.

The Florida Latino HIV/AIDS Leadership Summit is **FREE of charge**.

October 7th – Welcome Reception-LATINPRIDE Gallery (6pm-9pm)
October 8th - Florida Latino HIV/AIDS Leadership Summit (8am-5pm);
featuring Latino Commission on AIDS Institute – “Developing and Implementation of Community Mobilization Models”

Location : The Pride Center/LATINPRIDE Gallery
2040 N. Dixie Highway
Wilton Manors, FL 33305

FIRST STEP:

GO TO wemakethechange.com OR juntoshacemoselcambio.org



LOOK FOR FLORIDA LATINO AIDS ADVISORY GROUP and COMPLETE AN ANONYMOUS SURVEY before September 15th, 2010.

IMPORTANT INFORMATION for those who are **OUT-OF-TOWN** and **UNABLE TO TRAVEL:** By completing the survey your region will be represented during this **SUMMIT.**





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SECOND STEP: Please complete and return the following form on or before September 15th

The Florida Latino HIV/AIDS Leadership Summit
Attention: Liz Santos
780 SW 24 St.
Fort Lauderdale, FL 33315

Forms may be returned via fax to: (954) 467-4785 or by e-mail:
Elizabeth_Santos@doh.state.fl.us

Note: Please print clearly or type. Photocopied submissions are okay. Since nametags will be produced from the following information, please *submit a separate form for each registrant*.

Participant Information

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail (required for confirmation): _____

Website: _____

Facebook: _____ Twitter: _____ (optional)





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Demographic Information

Check one / Marque uno: I am a ... / Yo soy un ...

- Consumer of HIV/AIDS prevention or care services / Cliente de servicios preventivos o cuidados de VIH/SIDA
- Provider of HIV/AIDS prevention or care services / Proveedor de servicios preventivos o cuidados del VIH/SIDA
- Concerned citizen / Ciudadano preocupado

Gender/Género: Female/Mujer Male/Hombre Transgender/Transgénero

Age/Edad: 13-17 18-24 25-34 35-44 45-54 55+

Check one / Marque uno:

- | | |
|---|---|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Latina/o or Hispanic | |
- Marque aquí si necesita traducción simultanea al Español

Select your workgroups of interest (up to two) / Selecciones el grupo de trabajo de su interés (hasta dos)

- MSM (men who have sex with men/gay/bi-sexual)
- Heterosexual (Latinas and Latinos)
- Injected Drug Users (IDU)
- Transgender/Travesty
- Migrant Farm Workers
- Latino Faith Initiative

Optional:

HIV Status: Positive/Positivo Negative/Negativo Unknown/Desconoce

