

# AIDSWatch 2009 Registration Form

## Participant Information (Please Print)

All information will be kept strictly confidential

Full Name: \_\_\_\_\_

Organization/Affiliation (if any): \_\_\_\_\_

Title: \_\_\_\_\_

Address (where mail can be sent)  Home  Organization

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## Special Needs (Check all that apply)

Kosher  Halal  Vegan  Vegetarian  Spanish Translation

## Demographic Information

This section is for statistical purposes only. Replies are optional and confidential.

Gender:  Male  Female  MTF  FTM

Sexual Orientation:  Gay  Lesbian  Heterosexual  Bisexual  Decline to State

HIV Status:  Positive  Negative  Don't Know  Decline to State

Race/Ethnicity:  African American/Black  Caucasian  Asian/Pacific  
 Latino/a  Native American  Alaskan Native/Hawaiian Native  
 Other/or multiracial  Decline to State

Age: \_\_\_\_\_

Are you a person with a disability other than HIV?  Yes  No

If yes, what: \_\_\_\_\_

Have you ever at some point in your life experienced:

Homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarceration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Issue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stigma/Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Attendance

Will you be attending the Advocacy training on 4/27/2009?  Yes  No

Will you be attending the Rally on 4/27/2009?  Yes  No

Will you be participating in Capitol Hill visits?  Yes  No