Chicagoland Youth Against AIDS (CYAA)

# CYAA 2009 Conference

Strapped: Youth Confronting HIV Epidemic

**Please Print**

Name: _____
Age/Sex/Ethnicity: _____
Home Address:_____Email:_____
City/State, Zip: _____
Telephone/Fax: _____
School/Agency: _____
Address: _____
City/State/ Zip: _____
Telephone/Fax : _____

**Emergency contact**

Name: _____
Phone: _____

**Registration fee:**

Student/ youth registration --WAIVED—

Adult Registration (for participants 25 yrs of age and over) $25.00

Due to budget constraints, space is limited. It is strongly recommended that you pre-register. Deadline for pre-registration is Oct, 31, 2009. All on-site registration must come with full payment.

Payment can be made in cash or check. (Please make checks payable to: CYAA)

Special dietary needs: Yes ☐ No ☐ _____

Interpreter: Yes ☐ No ☐ If yes, what language?_____

Please include my name and contact information on a mailing list for future CYAA events.

☐ Yes, include my name on the mailing list.

☐ No, I want my contact info to be excluded from mailing list.

**Mail payments to:** Chicagoland Youth Against AIDS (CYAA)
Room 1115 11th Floor
J.H. Stroger Hospital 1900 West Polk
Chicago, IL 60612

**Contact Information:** (312) 854-3591 office and (312) 864-9291 fax