



# C.Y.A.A.

Chicagoland Youth Against AIDS  
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## Presenters Registration Form

**Please Print:**

Name: \_\_\_\_\_ Presentation title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

What target populations are you trying to reach? \_\_\_\_\_

What type of materials and equipment do you need for your presentation?

\_\_\_\_\_

Please write the brief description and objectives of the presentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CYAA: \_\_\_\_\_

Please attach a brief biography (ex. school, experience, achievements, awards, etc.)

If your presentation requires handouts, we can make copies for you. Please submit a hard copy to CYAA by Oct 31, 2009.