



C.Y.A.A.

Chicagoland Youth Against AIDS
1900 West Polk 11th Floor Room 1115 Chicago, IL 60612
Phone: (312) 864-3591 Fax: (312) 864-9291
Email: cyaachicago@yahoo.com

Vendors Registration Form

Please Print:

Name: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Telephone() _____ Fax: _____

Email: _____

Booth Registration:

- One table per agency or business.
- Vendor's fee: \$25.00

Method of payment accepted cash or check. If paying by check please make payable to CYAA.

What type of information will you be displaying? (Ex: HIV, STI, Hepatitis)

What items will you be giving out? (Ex: tea shirts, key chains, gift certificates, condoms):

How did you hear about CYAA: _____

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