

15th Annual HIV/AIDS Update and Border Health Summit "An International Event"

REGISTRATION FORM

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State/ZIP: _____

Email: _____

Physician, Nurse, Educator, Counselor, Social Worker, Other: _____

Organization: _____ Address: _____

City/State/ZIP: _____

RSVP REQUIRED: CHECK ALL APPLICABLE BOXES IF YOU INTEND TO PARTICIPATE

Mixer, International Reception, Friday Plenary Breakfast

DO YOU HAVE SPECIAL REQUIREMENTS? (If so, please contact VAC to determine how we may assist you)

Hearing Impaired Vegetarian Diet Other

REGISTRATION FEE

\$80.00 before September 01, 2007

\$100.00 after August 31, 2007

PAYMENT METHOD: (One Registration Card per participant)

Check enclosed (Make checks payable to: Valley AIDS Council)

Credit Card MasterCard Visa Discover

Name on Credit Card _____

Card Number _____ Exp. Date _____

Purchase Order: (must be sent in advance) P.O. # _____ (US organizations only)

You may also register securely at www.valleyaids.org



Please fill out this completed registration form and mail, fax or email to:

Valley AIDS Council
Attn: Conference Committee
418 E. Tyler, Suite A
Harlingen, TX 78550
1.956.428.0056, fax 1.956.428.0056
mruiz.vac@tachc.org