

11<sup>th</sup> ANNUAL AFRICAN AMERICAN OUTREACH INITIATIVE

Participant Pre-Registration Form

**Please Print:**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred By: \_\_\_\_\_

Referral Organization/Agency: \_\_\_\_\_

**Gender:**                    Male            Female            Transgender

**Participation Code:** Client (Diagnosed HIV-Positive)

*You may check more than one selection*    Provider (Name of CBO/ASO \_\_\_\_\_)

Caregiver\* (*Only for those individuals that require physical assistance during the event*)

Volunteer

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

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

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

County: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

OK to send mail? \_\_\_Yes \_\_\_No                    Email Address: \_\_\_\_\_

OK to call daytime number? \_\_\_Yes \_\_\_No    T-Shirt Size (S M L XL 2X 3X 4X)

Year Diagnosed: \_\_\_\_\_ Are you under Doctor's Care? (*with-in past 6 months*) \_\_\_\_\_

If under Doctor's care, date of last Dr's visit (MM/YY): \_\_\_\_/\_\_\_\_

Have you attended past African American Outreach Initiatives? \_\_\_Yes \_\_\_No

Special Needs: (i.e. Diabetic Needs, Sign Language, Refrigerator): \_\_\_\_\_

Will you require MARTA Card Assistance (onsite distribution only) \_\_\_Yes \_\_\_No

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**Childcare will only be provided for children 10 years old and younger**

Will you need childcare? Yes            No    How many children? \_\_\_\_\_

Ages of Males: \_\_\_\_\_            Ages of Females: \_\_\_\_\_

How did you hear about this event?

\_\_\_\_friend/family                    \_\_\_\_other service agency            \_\_\_\_MARTA

\_\_\_\_healthcare provider            \_\_\_\_poster/flyer                    \_\_\_\_newspaper

\_\_\_\_radio                                    \_\_\_\_television                    \_\_\_\_other

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**If you cannot attend, please let us know so that people on the waiting list can be invited. We will send you a confirmation letter approximately 10 days before the event.**

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Please RSVP by telephone, mail, email and/or fax to the attention of:  
Charles Shackelford, Registration Chair  
c/o STAND, Inc., 3423 Covington Hwy, Suite E, Decatur, GA 30032  
Phone: 404-284-9878; ext 242/ Fax: 404-284-9972    Email: [cshackelford@standinc.com](mailto:cshackelford@standinc.com)