

**2011 IL HIV/AIDS Lobby Days Registration & Scholarship Form**

**2011 ILLINOIS HIV/AIDS LOBBY DAYS  
MARCH 1 & 2, 2011  
SPRINGFIELD, IL**

**Must be received by Monday, January 31, 2011**  
**Those applying for a scholarship must complete**  
**both the registration and scholarship forms below**

**Email, fax or mail completed forms to:**  
**[PSubkoviak@aidschicago.org](mailto:PSubkoviak@aidschicago.org)**

Pete Subkoviak, AIDS Foundation of Chicago,  
200 W. Jackson, #2200 Chicago, IL 60606  
Ph: 312-334-0963 Fax: 312-922-2916

If you are registering and plan to attend both days, please remember that the deadline for hotel reservations is Monday, February 7. You can reserve your own hotel room by calling the hotel at (217) 544-8800. AFC will reserve rooms for those who receive scholarships.

Those applying for a scholarship must complete both the registration and scholarship sections below.

Name \_\_\_\_\_ Organization \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email (**you must provide someone's e-mail**): \_\_\_\_\_

Geographic Areas Covered: \_\_\_\_\_

Female     Male     Transgender (MTF)     Transgender (FTM)

Please list any special needs or dietary restrictions we should know about here:

\_\_\_\_\_

AFC often takes pictures or video of Lobby Days events and posts them online. Do you mind being captured at the event or would you like us to avoid taking pictures of you?

I'm OK with being photographed or filmed     Please do not photograph or film me

Are you registering or applying for a scholarship?

Registering (for both training on March 1 and lobby day on March 2)

Registering (lobby day on March 2 only)

Applying for a scholarship

If you are coming down for March 2 only, are you taking the bus fleet we are organizing or coming down on your own?

Taking the bus     Coming on my own

Please check all that apply:

Yes, I will participate in the 2011 Advocacy Training and Lobby Day on March 1 & 2 in Springfield.

I have attended an Advocacy Training and Lobby Days previously.

I'm applying for a scholarship: I am a person living with HIV/AIDS or service provider with demonstrated financial need OR a service provider who has lost their job because of budget cuts and would like assistance through payment for transport to/from Springfield and have filled out the scholarship form and returned it with this form.

If you are a participant of at least one state or local planning body, please check all that apply:

Part B Consortium, please list Consortia you belong to: \_\_\_\_\_

Part A HIV Services Planning Council

IDPH or CDPH HIV/AIDS advisory body, please list: \_\_\_\_\_

Prevention Planning Group, state or local, please list: \_\_\_\_\_

Other (please list all that apply): \_\_\_\_\_

There will be a lunch as well as a small evening reception on March 1, and a breakfast and lunch on March 2. Please indicate any meal you foresee skipping here: \_\_\_\_\_

The state is facing an unprecedented budget crisis. How has this crisis affected you, if at all? (use another sheet if necessary)

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What's your story? What services do you rely on? How has HIV impacted your life? What do you want to tell your legislators about the budget or any HIV-related issue? It helps us to know in advance!

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am applying for a scholarship

**Please fill out the section below if you are applying for a scholarship**

**\*Please note: Completing this application does not guarantee a scholarship.**

**In order to be eligible for this scholarship, which will cover one night of lodging (double-occupancy) at a hotel on Tuesday, March 1, you must be:**

- A person living with HIV or HIV/AIDS service provider.
- You must be a consumer with demonstrated financial need, or, if you are a service provider, your agency is not able to cover your expenses, or you have lost your job due to budget cuts.
- You must be able to cover the costs associated with travel to and from Springfield, as well as other incidental expenses (some food/snacks, etc.).
- You must commit to treat all participants in a professional manner.

**Please answer the following questions (please check all that are relevant):**

- \_\_\_ I am a person living with HIV or AIDS.
- \_\_\_ I am a service provider to people at risk for and/or living with HIV/AIDS, or I lost my job because of budget cuts.
- \_\_\_ I am able to cover the costs of travel, and all other incidental expenses.
- \_\_\_ If I do not receive a scholarship, I still plan to attend the Advocacy Training and Lobby Days.
- \_\_\_ Should I be awarded a scholarship, I will treat my roommate with respect.

Please explain why you would like to participate in the 2011 Lobby and Advocacy Day event (use another sheet if necessary).

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Please describe any experience you have had in the area of advocacy (locally or nationally, use another sheet if necessary).

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