

2010 Illinois HIV/AIDS Lobby Days
March 16 & 17, 2010
Springfield, IL

2010 IL HIV/AIDS Lobby Days Registration & Scholarship Form

Must be received by Sunday, February 14, 2010

Non-scholarship participants must book their own room at the President Abraham Lincoln Hotel (217) 544-8800 by February 22nd.

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

Email, fax or mail completed forms to:

PSubkoviak@aidschicago.org

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

Name _____ Organization _____

Home Address _____ City _____ Zip Code _____

Phone _____ Email (you must provide someone's e-mail) _____

Geographic Areas Covered: _____

Please check all that apply:

___ Yes, I will participate in the 2010 Advocacy Training and Lobby Days on March 16-17 in Springfield.

___ I have attended an Advocacy Training and Lobby Days previously.

If so, would you be interested in attending a possible Advanced Training? Yes No

___ 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 one night of lodging and have filled out the scholarship form and returned it with this form.

___ Female ___ Male ___ Transgender (MTF) ___ Transgender (FTM)

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): _____

Please indicate any special needs you may have during the two-day event:

___ Vegetarian ___ Vegan ___ Diabetic ___ Wheelchair access ___ Other (please describe): _____

There will be a lunch as well as a small evening reception on March 16, and a breakfast and lunch on March 17. 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)

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!

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 16, 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 plan to pursue other funding and attend the Advocacy Training and Lobby Days. Please plan for my attendance.
- I understand that should I be awarded a scholarship, I will be sharing a room and will treat my roommate with respect.

Please explain why you would like to participate in the 2010 Lobby and Advocacy Days event (use another sheet if necessary).

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

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