



**Michigan HIV/AIDS Strategy and
National Partnership for Action to End
Health Disparities Summit
October 24, 2011**

Lexington Lansing Hotel

Registration Form

1. Please PRINT CLEARLY the following information. This form must be completed in order to process your registration.
2. Complete a separate form for each person attending the conference. Make copies as needed.

Please fax or email your registration forms no later than October 14, 2011 to:

Jessica Dunkel, Assistant Coordinator
FAX: 517-241-5922
DunkelJ@michigan.gov

NAME _____ TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

If you are using this event as an HIV counselor re-certification, please provide your Counselor ID Number below:

ID #: _____

Continental Breakfast and Lunch will be provided. If you have any special dietary needs, please indicate below in order that we can accommodate you:
