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SAFER SEX EDUCATIONAL EXPERIENCES© WORKSHOP/EXHIBIT REQUEST

TODAY'S DATE: _____ DATE OF PRESENTATION: _____ TIME: _____

ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

DAY PHONE: _____ EVENING PHONE: _____

LOCATION OF EVENT: _____

PLEASE CHECK THE TOPICS THAT DESCRIBES THE NATURE OF YOUR REQUEST:

- _____ HIV/AIDS and STD transmission and prevention, sexuality education, safer sex, and AAWE Safer Sex Essentials kits.
- _____ Reproductive Health – Understanding the Menstrual Cycle, Family Planning, Reproductive Technology, Menopause
- _____ Booth/Exhibit: pamphlets, AAWE Safer Sex Essentials kits and other materials on HIV/AIDS, STDS, abstinence, reproductive health and related topics. Staff or Volunteer Needed at Booth/Exhibit: _____ Yes _____ No
 What type of display space will be available? _____ Table Size _____ Number Of Chair(s)
- _____ Speech: Desired topic(s) _____
 _____ Plenary _____ Workshop
 Desired Length of Speech _____

Will There Be Other Presenters in the Plenary or Workshop? _____ Yes _____ No
 If Yes, How Many? _____

HONORARIUM/DONATIONS: _____ \$75 _____ \$100 _____ \$250 _____ \$500 Other: _____

AUDIENCE DEMOGRAPHIC INFORMATION

of Participants: _____
 Age: _____ Teenagers (13-19) _____ Adults (20-59) _____ Seniors (60+)

Participants will be: _____ Women _____ Men _____ Mixed _____ Lesbian/Gay/Bi/Transgender

Previous HIV/AIDS education: _____ Yes _____ No If yes, from whom: _____

Other information we should know about the audience: _____
