

**HIV/AIDS WORKSHOP**  
**REGISTRATION FORM**

Name \_\_\_\_\_ (Tick) Married \_\_\_\_\_ Single \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
Number Street Town  
Last Grade Completed in School \_\_\_\_\_ Language Spoken \_\_\_\_\_  
Name of Your Church \_\_\_\_\_  
Have You Ever Attended Class on HIV/AIDS? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do You Require Transport? Yes \_\_\_\_\_ No \_\_\_\_\_

**HIV/AIDS WORKSHOP DETAILS--Will Be Conducted:**

When \_\_\_\_\_  
Date  
Venue \_\_\_\_\_  
Where  
Time \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Cost: \_\_\_\_\_  
Food: \_\_\_\_\_

Please Mail this Registration Form to:

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