

May 29 – 31

2009

2009

REGISTRATION FORM



Internal Use Only
Deposit: \_\_\_\_\_
Payment: \_\_\_\_\_
Scholarship: \_\_\_\_\_
Amount Due: \_\_\_\_\_

Agency Use Only (for processing)
Collecting Agency Sponsoring Agency
AGH AGH
CCM CCM
Persad Persad
PACT PACT
PATF PATF
Other Other

QUESTIONS?

412-441-9786 ext. 312

COMPLETING REGISTRATION
Please complete both sides of this form.
Everyone must sign & date the Agreement of Confidentiality on the back and the enclosed Code of Conduct.
For those seeking scholarships, please complete the "Scholarship Application" portion on the back of this form.
Make check payable to Persad Center.

Mail completed form and check to:

Persad Center, Inc.

Healing Weekend
5150 Penn Avenue
Pittsburgh, PA 15224

Fax: 412-363-2375

Deadline for Registration and Scholarships is APRIL 23, 2009.

NAME \_\_\_\_\_

Planning Member

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

PHONE #1 \_\_\_\_\_

PHONE #2 \_\_\_\_\_

CHECK AS APPLICABLE

I am registering as:

- Male
Female
Transgender M-F
Transgender F-M

I am a:

- HIV+ person
HIV- partner/spouse
Caregiver/Friend of an HIV+ person

My race is:

- African-American
Asian
Caucasian
Hispanic
Bi-racial

(This is confidential information protected by PA State Act 148.)

I am requesting the following roommate (optional):

(We will make every attempt to meet requests for roommates.)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Transportation:

- I need transportation to the Weekend
My transportation is arranged

Caregiver:

I will be accompanied by my caregiver \_\_\_\_\_

Print Name

Floor location: (all floors are accessible by elevators and are ADA compliant)

- I request a first floor room
I require a handicap room that is wheel chair accessible

Movie Selection: Please select one.

We are featuring a movie on both Friday and Saturday and will show your top choices.

- The Devil Wears Prada
I Now Pronounce you Chuck & Larry
An Inconvenient Truth
Dreamgirls
Thank You For Smoking
I am Legend

# 2009 Healing Weekend

May 29 – 31

**Applications for Scholarships  
DUE by APRIL 23, 2009**

**QUESTIONS?  
412-441-9786 ext. 312**

### Did you remember to?

- Complete the other side
- Check your costs
- Complete a Scholarship Application (if applicable)
- Sign and date the "Agreement of Confidentiality"
- Review, sign & date the "Code of Conduct"
- Make your check or money order payable to:  
**Persad Center**
- Mail or turn in your application by the due date: **April 23, 2009**

Mail completed form and check to:

**Persad Center, Inc.**  
Healing Weekend  
5150 Penn Avenue  
Pittsburgh, PA 15224

Fax: 412-363-2375

### COSTS:

The cost of the Weekend is \$250. Each participant is responsible for paying at least \$25 of the cost of the Weekend. (A \$15 refund is available to those who cancel before May 7, 2009.)

I enclose full payment for the Weekend (\$250)

I have completed the Scholarship Application (below) and I'm enclosing a deposit of \$25 for the Weekend.

**APPLICATION FOR SCHOLARSHIP** (available to those in Southwestern Pennsylvania only)  
Two scholarship levels are available: \$175 partial scholarship and \$225 full scholarship. Your monthly income and monthly expenses along with the number of people in your household will determine your eligibility level.

#### Monthly Income:

Salary \$ \_\_\_\_\_  
Supplemental Income \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Other Disability \$ \_\_\_\_\_  
Dept. of Welfare Cash Asst. \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_  
*Total monthly income:* \$ \_\_\_\_\_

#### Monthly Expenses:

Food (not covered by Food Stamps) \$ \_\_\_\_\_  
Rent / Mortgage \$ \_\_\_\_\_  
Utilities (gas/electric/water/cable) \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Support of children and dependents \$ \_\_\_\_\_  
Medical Expenses (not covered by insurance) \$ \_\_\_\_\_  
Recreation \$ \_\_\_\_\_  
Other (specify) \$ \_\_\_\_\_  
*Total monthly expenses* \$ \_\_\_\_\_

Number in household: \_\_\_\_\_  
(to determine eligibility level)

***This information will remain confidential.***

### Important

No registration will be accepted without complete information, a signed and dated Agreement of Confidentiality, and either a full payment (\$250) or a completed Scholarship Application and a \$25 deposit per person.

**Make checks payable to Persad Center.**

### AGREEMENT OF CONFIDENTIALITY

*To protect your confidentiality, we ask that you agree to the following:*

I understand and agree that I and all other participants, presenters, and organizers of this conference will protect the confidentiality of all participants who are involved in this conference. I understand that the media are not welcome at this conference site. I further understand and agree personal photography (photos taken by or of other participants or presenters) will only take place with the expressed permission of all those being photographed and that such personal photographs are not permitted to appear in any publication of any kind.

I have read this agreement, understand it, and by my signature agree to it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE