HIV/AIDS WORKSHOP REGISTRATION FORM

Name	_(Tick)	Married	_ Single
Phone Number:			
Address			
Number Street		G 1	Town
Last Grade Completed in School	Langu	iage Spoken	
Name of Your Church			
Have You Ever Attended Class on HIV/AI	DS?		
Do You Require Transport?		Yes	No
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HIV/AIDS WORKSHOP DETAILSWill			
When	lata		
Venuew	alc		
W	here		
Time			
Contact Person:			
Cost:			-
Food:			
Please Mail this Registration Form to:			
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HIV/AIDS W	ORK	SHOP	
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HIV/AIDS WORKSHOP DETAILSWill	Be Con	ducted:	
When			
D	ate		
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