

# HIV Testing Day Activity/Event Submission Form

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Fields marked with \* are mandatory.

**\* Organization Name:**

**Organization Address:**

**Street**

**City**

**State**

**Zip**

**Organization Phone Number:**

**Organization Fax Number:**

**\* Organization Contact Name:**

**\* Organization Contact Number:**

**\* Organization Contact E-mail:**

**\* National HIV Testing Day Event Name:**

**NHTD Event Description:**

**\* Event Date:**

**\* Event Time:**

**\* Event Location:**

**Street**

**City**

**State**

**ZIP**

**Will onsite testing be provided?**

**Yes**

**No**

**If yes, will rapid test be provided?**

**Yes**

**No**

**Audience(s) served**

Disclaimer: Events submitted will be listed on the website at our discretion. We reserve the right to not list events. \*

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