



Voices 2010



16th Annual Conference

Arlington, Virginia
May 15-17, 2010

visit www.aids-alliance.org

Voices 2010

AIDS Alliance
for Children,
Youth
& Families

16th Annual
Conference

May 15–17, 2010

Voices 2010

Join us to collectively define change that will lead to:

- Improved living conditions to reduce human vulnerability and decrease HIV infections;
- Improved access to care and quality of care;
- Eradication of stigma and the reduction of health disparities in communities hardest hit by HIV/AIDS.

Come to Voices 2010 to hear from and talk with the leaders in HIV/AIDS care, prevention, research, and advocacy. Institutes, plenary sessions, and workshops will be led by the care providers, researchers, and consumer leaders who are making a difference across the United States. Attending Voices every year are people just like you! Joining us for Voices 2010 will be: social workers, nurses, physicians, and other health care providers; program directors and administrators; clinical researchers; and consumers — women, youth, and families living with and affected by HIV/AIDS, including caregiving men — and other advocates and grassroots leaders.

Registration

You can register online at <https://www.tpires.com/aidd/index.htm> if paying via credit card, or you can complete the enclosed registration form to pay via check or money order.

Hotel Accommodations

A special room rate of \$169.00 + tax (10.25%) is available at the conference venue, if you book your hotel reservation by 5:00 p.m. ET, Tuesday, April 20, 2010. Make your reservations early, as the hotel often sells out before the reservation deadline.

Hotel rooms must be booked either online at: <https://www.tpires.com/aidd/index.htm> or by calling (800) 531-7201.

Conference Venue

Hyatt Regency Crystal City
2799 Jefferson Davis Highway
Arlington, VA 22202-4002
(703) 418-1234 phone
(703) 418-1233 fax

Scholarships

A limited number of partial scholarships are available to consumers to help support attendance at Voices 2010. If you are interested, please complete the enclosed consumer scholarship application form.

Advertising and Exhibiting Opportunities

If you have a product or service that provides education, treatment, or care to people living with HIV/AIDS then you should exhibit at Voices. For more information, contact Ann Checkley at acheckley@aids-alliance.org.

Conference Languages

While English is the main language of the conference, Spanish interpreting services will be available during plenary sessions and a limited number of workshops.

Child Care

AIDS Alliance has arranged limited child care for children (infant to 12 years old) of families attending Voices 2010. Parents must pre-register their children by completing the child care application that is included in the conference information packet or available for download at the registration site: <https://www.tpires.com/aidd/index.htm>, or on the AIDS Alliance website, www.aids-alliance.org/education/voices/. Please note: AIDS Alliance does not recommend bringing children under 12 years of age to workshop sessions.

Night Tour of Washington

Sunday Evening, May 16: Visit the U.S. Capitol House and Senate Office Buildings; Capitol Reflecting Pool; Library of Congress; White House; Supreme Court; the Jefferson, Lincoln, Vietnam, Korean, and FDR Memorials; and much more. Tickets will be sold on a first-come basis, on site at the registration desk. The cost is \$20.00. Please indicate your interest in the tour by checking the appropriate box when you register.

Capitol Hill Advocacy Day

AIDS Alliance encourages all conference participants to join us for our annual Capitol Hill Advocacy Day. Sponsored as a separate event from Voices, on Tuesday May 18, Capitol Hill Advocacy Day is your opportunity to make your voice heard by your elected officials in Washington. So come join others from your region to educate your Members of Congress about the prevention, care and treatment needs of women, children, youth, and families living with and affected by HIV and AIDS. They won't know what you think unless you tell them, so take the time and be heard!

Deadlines

- Abstracts received by March 10.
- Early bird registrations paid by March 31.

Voices 2010 Registration Form

Please print clearly or type. Name tags will be produced from your registrant information. Photocopied forms are okay.

This form can be used when paying via check or money order. To register on-line AND reserve your hotel room visit: <https://www.tpires.com/aidd/index.htm>.

REGISTRANT INFORMATION

Please submit a separate form for each registrant. On-line registration for credit card payment is available at: <https://www.tpires.com/aidd/index.htm>.

Name: _____

Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail: _____

PART D LEAD ORGANIZATION: _____

(Required to determine organizational membership status for reduced registration fee.)

DEMOGRAPHIC INFORMATION (optional)

We gather this demographic information solely for statistical purposes related to our research and funding requirements.

Conference Interest

- Consumer
- Provider
- Consumer/Provider
- Exhibitor

Age

- 13-16 enter age: _____
- 17-24
- 25-39
- 40-50
- 51+

Gender

- Female
- Male
- Transgender

HIV Status (check one)

- Positive
- Negative
- Unknown

Race/Ethnicity (check all that apply)

- African American/Black
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other: _____
- Asian
- Caucasian
- Latina/o or Hispanic

EVENTS

Please select the meeting and/or events you plan on attending.

- Capitol Hill Advocacy Day
- Family Institute
- Youth Institute (Ages 13-16)
- Youth Institute (Ages 17-24)
- Night Tour of Washington (tickets are \$20 and will be sold at conference)
- Project Directors Meeting
- ANAC Saturday Session
- Social Work Institute
- Quality Institute

SPECIAL NEEDS

- Alternative Dietary Needs: _____
- Disability Services Needs: _____
- Child Care (Please complete Voices Child Care Application Form)

REGISTRATION FEES (check one)

A 2010 Individual Membership (\$100) or a 2010 Consumer Membership (\$25) entitles you to register at the Member Rate. Organizational Members (Part D Grantees) who have paid 2009 membership dues -OR- 2010 dues by Voices Registration are entitled to 2 registrations at the member rate. You can join online at <http://www.aids-alliance.org/join.html> or by checking below and including your membership dues with your registration fee.

Early Bird Discount (paid before 4/1/2010)

- \$ 325 Paid Member
- \$ 425 Non Member

Regular (paid 4/1/10 - 4/30/10)

- \$ 425 Paid Member
- \$ 525 Non Member

Late (paid 5/1/10 - 5/17/10)

- \$ 525 Paid Member
- \$ 625 Non Member

Alternate Rates (paid 2/8/10 - 5/17/10)

- \$ 225 Daily
- \$ 225 Lead Workshop Presenter
- \$ 100 Age 13-17

(All registrants under 18 years of age must be accompanied by a chaperone OR parent who is registered for the conference.)

I WANT TO JOIN NOW FOR 2010!

- \$ 100 Individual (for providers and interested persons)
- \$ 25 Consumer (for HIV positive persons and/or affected family members)

PAYMENT

For **CREDIT CARD** payments, please register online at: <https://www.tpires.com/aidd/index.htm>.

- Check or money order attached, in the amount of \$ _____

Payable to: **Travel Planners, Inc.**

Please mail your registration form with payment to:

Travel Planners, Inc.
1919 NW Loop 410, Suite 210
San Antonio, TX 78213

CANCELLATION AND REFUND POLICY

Cancellations must be in writing and faxed to 210-341-5252 or sent via e-mail to aids-alliance@tpires.com before 5:00 p.m. ET April 16, 2010, to be reimbursed for registration fee, less a \$40.00 processing fee. Refunds will NOT be issued for cancellations emailed or faxed after this date and time. Substitutions WILL be allowed at any time.

CONFERENCE LIABILITY POLICY

AIDS Alliance will not assume responsibility for participants who fail to make travel or lodging reservations or who incur any hotel, lodging, or other conference-related expenses. AIDS Alliance does not recommend bringing children under 12 years of age to workshop sessions and will not be liable for any injury as a result of a child who is not supervised by his/her legal guardian.

Your signature below (required) indicates your understanding of the conference rates, cancellation policy, and liability policy.

Signature: _____

Date: _____

For registration and hotel information:

Contact Travel Planners at 800-531-7201 (210-341-8131 in Texas) or e-mail: aids-alliance@tpires.com.

For conference information:

Contact Ann Checkley at 202-785-3564 x220 or ACheckley@aids-alliance.org.

Voices 2010 Scholarship Application

Please print clearly or type. Photocopied forms are okay. You must be at least 18 years old to apply.
Those who have received a scholarship within the past two years are not eligible.

APPLICANT INFORMATION

Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____ Zip: _____
Telephone: (_____) _____
E-mail: _____

DEMOGRAPHIC INFORMATION

We gather this demographic information solely for statistical purposes related to our research and funding requirements.

Gender

- Female
 Male
 Transgender

Age

- 18-24
 25-39
 40-50
 51+

Race/Ethnicity

(check all that apply)

- African American/Black
 Asian
 Caucasian
 Latina/o or Hispanic
 Native American/Alaskan Native
 Native Hawaiian/Pacific Islander
 Other: _____

HIV Status

- (required/check one)
 Positive
 Caregiver of an HIV+ child
 Affected family member

SCHOLARSHIP NEED

While it is AIDS Alliance's intent to provide as much scholarship support as possible, the scholarships awarded will be based on funding. To assist us in assigning awards, please rate each category based on your greatest need using 1, 2, or 3, with 3 being the greatest area of need.

- ___ Registration (only)
___ Shared* Hotel Room (only)
___ Registration and Shared* Hotel Room
*with another scholarship recipient

Please list any national and/or international HIV/AIDS conferences you have attended in the past two years: _____

List any sources that you applied to elsewhere for financial assistance to attend Voices 2010: _____

List any resources you are receiving in order to attend Voices 2010 (i.e., air transportation, hotel room, registration, etc.): _____

From which Ryan White Title/Program do you receive services?

- Part A Part B Part C Part D SPNS

INVOLVEMENT

Are you affiliated with a Part D (Title IV) Program? If so, which one: _____

How long have you been involved in HIV/AIDS? _____

Describe your current involvement in HIV/AIDS related activities in your community: _____

Have you submitted a workshop proposal for Voices 2010? * Yes No

Have you ever conducted a workshop at Voices? Yes No

If so, when, and what was the subject? _____

How would your attendance to Voices 2010 benefit you and your community? _____

*Preference will be given to consumers with accepted abstracts.

Due to the limited number of scholarships available, AIDS Alliance encourages you to seek other funding, as well, to support your attendance to Voices 2010. AIDS Alliance will grant scholarships based on need and the availability of funds. Applicants will be notified on or before Monday, March 29, 2010.

When you have completed and signed this form, fax it to:

Voices CSA
AIDS Alliance for Children, Youth & Families
202-785-3579 (fax)

The deadline for all scholarship applications is Monday, March 15, 2010.

All scholarship applicants must sign the following declaration:

I agree to inform AIDS Alliance for Children, Youth & Families immediately if I am awarded sponsorship from other sources that duplicates any of the support I have requested in this application. I understand that failure to do so may result in cancellation of any support awarded to me by AIDS Alliance for Children, Youth & Families. I understand that if I am awarded a scholarship it may be for other than what I have identified as my greatest need.

Signature _____

Date _____

For further scholarship information contact:

Arianna Smith at 1-888-917-AIDS (2437) x180 or asmith@aims-alliance.org.

Voices 2010

Exhibiting, Advertising & Vending Opportunities

Voices 2010 is your opportunity to showcase your products and services at the only national AIDS conference dedicated to women, children, youth, and families. If you have products or services that provide education, treatment, or care to people living with HIV/AIDS, Voices 2010 will be an excellent fit for your organization! Exhibit booths will be located in a high traffic area near registration where you will gain maximum exposure from an engaged audience.

In order to be listed in the conference program, you must register and pay for your exhibit space by Friday, April 16, 2010.

AIDS Alliance provides advertising opportunities for organizations that would like to increase the visibility of their products or services. AIDS Alliance also offers a variety of sponsorship opportunities.

For further information contact Ann Checkley at 202.785.3564 x220 or acheckley@aims-alliance.org.

Exhibiting Opportunities

Category:	Industry/State Exhibitor	National Organization	Local Organization
Booth Rate:	\$800	\$700	\$400
	<ul style="list-style-type: none"> • Exhibit table • Listing in the program • (1) Exhibit pass • (1) Complimentary conference registration 	<ul style="list-style-type: none"> • Exhibit table • Listing in the program • (1) Exhibit pass • (1) Complimentary conference registration 	<ul style="list-style-type: none"> • Exhibit table • Listing in the program • (1) Exhibit pass • (1) Comp. conference registration

Advertising Opportunities

Full Page Ad: (7.5"w x 10")	\$500	\$350	\$275
Half-Page Ad: (7.5"w x 5" or 3.75"w x 10")	\$325	\$275	\$200
Quarter-Page Ad: (3.75"w x 5")	\$200	\$200	\$125

1. SPECIFICATIONS: Program ads must be submitted to size, must be in gray scale, 300dpi JPG or high-resolution PDF.
 2. FEES: Fees for program ads are based on size and organization category and are noted above.
 3. DEADLINE: The deadline for reserving ad space is **Friday, April 16, 2010**. Payment must accompany signed contract. Actual ad must be submitted in final form by Friday, April 23, 2010 to acheckley@aims-alliance.org.
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Vending Opportunities \$300 (merchandise only)

Voices 2010 Child Care Application

Please print clearly or type. Photocopied forms are okay.

AIDS Alliance has arranged for child care to be provided during Voices 2010. For the first 20 children to be pre-registered (first come, first served), child care will be provided at the hotel by weeSit, a licensed child care provider. If you are interested in child care services during the conference, please complete and return this application to:

Voices 2010 Child Care
AIDS Alliance for Children, Youth & Families
1600 K Street NW, Suite 200
Washington, DC 20006
202-785-3579 (fax)

This application must be received no later than 5:00pm EST on Friday, April 16, 2010.

On-site registration for child care will not be accepted.

Please note that child care provided during Voices 2010 is limited to children from the ages of 0 through 12 years old; and the hours of 8:00am to 5:30pm from Saturday, May 15 through Monday, May 17, 2010. (Parents/guardians must pick-up their children by 5:30pm each day. Pickups after 5:45pm will be subject to a fee.)

Parent(s)/Guardian(s) must sign a three day agreement with the weeSit child care agency giving them permission to care for your child and to agree to their guidelines and policies. weeSit will provide all child care at Voices 2010 and weeSit is solely responsible for children entered into its care. AIDS Alliance is not responsible for any minor children at Voices 2010.

PARENT OR GUARDIAN

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (_____) _____

CHILD/CHILDREN

Name(s) and age(s) of the child/children in need of child care: _____ Special needs or accommodations required: _____

1. _____ (_____) _____

2. _____ (_____) _____

3. _____ (_____) _____

Your signature below (required) indicates that you have read the above information and understand that there are expectations and limitations of the child care that will be provided.

I am the parent or legal guardian of the child/children named above and I have the right and authority to enter this child/these children in the child care program provided during Voices 2010.

Printed Name: _____

Signature: _____ Date: _____

If you have questions, please contact Ann Checkley at 202-785-3564 x220 or acheckley@aids-alliance.org.