

☪ APPLICATION FORM ☪

**OAC Leadership Summit For HIV Positive Young Adults (Ages 18-25)**

March 12-14, 2010

Holiday Inn City Center - 175 East Town St. - Columbus

Mail to: Ohio AIDS Coalition

Attn: Leadership Summit

48 West Whittier St., Columbus, OH 43206

Or fax to: (614) 444-1376

For more information, call (614) 444-1683 or (800) 226-5554

**PLEASE PRINT AND COMPLETE BOTH SIDES - Deadline for Application is February 22, 2010**

**Notification of acceptance will be postmarked by February 25, 2010**

Name: \_\_\_\_\_

What name would you like on your Nametag? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

May we leave messages for you?  It is OK  It is not OK to leave messages at my home.

---

*All information requested here will be kept confidential and is used only for the purpose of prioritizing applications and planning the Leadership Summit.*

---

● County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

● Sex:  Male  Female  Transgender

● I am:  Hispanic or Latino  Not Hispanic or Latino

● My Race is:  Black/African American  White/Caucasian  American Indian/Alaskan Native  Asian  
 Native Hawaiian /Pacific Islander  More than one race  Other (specify): \_\_\_\_\_

I understand that participation in this Leadership Summit is limited to 18 to 25 year old persons living with HIV/AIDS.

I have a disability that requires accommodation. Please specify: \_\_\_\_\_

I am a vegetarian. *NOTE: While every reasonable effort will be made to accommodate special diets, the organizers cannot guarantee to do so.*

I understand that all rooms will be "double-occupancy" and designated "non-smoking."

I need transportation assistance. *NOTE: While every reasonable effort will be made to accommodate transportation requests, the organizers cannot guarantee to do so.*

I would like to share a room with \_\_\_\_\_  
or...

Please assign my roommate. I am (circle one): Male - Female - Transgender MTF - Transgender FTM

● All participants will receive one T-shirt as part of the Leadership Summit, compliments of OAC!

T-shirt size:  small  medium  large  1xl  2xl  3xl (These are adult sizes.)

● The Ohio AIDS Coalition does not discriminate because of race, color, creed, religion, national origin, citizenship, sex, marital status, age, physical or mental disability, one's status as a special disabled veteran or because of a person's sexual orientation, gender identity characteristics or expression. To obtain a copy of the OAC non-discrimination policy, call 1-800-226-5554.

***In case of emergency, please contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

My primary physician is: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please complete other side:*

**❧ There is no cost to attend this Leadership Summit ❧**

**If you have not attended an OAC Leadership Summit for HIV Positive Young Adults in the past, the information below MUST BE COMPLETED by your Case Manager**

Case Manager's Name: \_\_\_\_\_ Agency / Organization: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # : \_\_\_\_\_ (Ext \_\_\_\_\_) Email: \_\_\_\_\_

---

**❧ PARTICIPANT AGREEMENT ❧**

- 1. MEDICAL RESPONSIBILITY: I understand that the Ohio AIDS Coalition (OAC) does not assume responsibility for meeting my medical needs and agree, in this regard, to hold OAC, its staff, employees, consultants, presenters, physicians, nurses, and/or volunteers blameless. I understand that, while a healthcare professional may be present during the Leadership Summit, this physician or nurse is only present to provide immediate assistance in a medical emergency and is not be present to serve as my primary physician or nurse. I understand that, if necessary, I will be transported to the nearest and/or most appropriate medical facility for treatment and that the cost of such transportation and treatment is my responsibility.*
- 2. GENERAL LIABILITY: In all cases, except for willful negligence, I hold the Ohio AIDS Coalition, its staff, employees, consultants, presenters, and/or volunteers; the Ohio Department of Health; other Leadership Summit participants; and/or the Holiday Inn City Center and their owners, managers, and employees blameless for injury, illness, death, and/or all other maladies which may befall me in connection with my participation in this Leadership Summit.*
- 3. CONFIDENTIALITY: 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 Leadership Summit. I understand that the media are not welcome at the conference site except by special permission of the organizers. Should media be present, I understand that they will be clearly identified to me and that no photograph of or quote from me will be allowed without my expressed permission. Further, I understand and agree that personal photography (photographs taken by me or other participants or presenters) will only take place with the permission of those being photographed and that such personal photographs are not permitted to appear in any publication of any kind.*

***I have read this Agreement; I understand it; will abide to it;  
and by my signature below, agree to it.***

(Applicant Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

Please mail the completed form by February 22, 2010 to: Ohio AIDS Coalition,  
Attn: Leadership Summit, 48 West Whittier St., Columbus OH 43206 or fax to 614-444-1376

***Notification of acceptance will be postmarked by February 25, 2010***