

Join Us For...

Saturday, August 14, 2010

10:00 a.m. - 2:00 p.m.



Participation is FREE of Charge

Organization Name _____

Contact Name/Title _____

Phone: _____

Mailing Address: _____

Alt. Phone: _____

Fax: _____

Email: _____

Type of Service Provided (check all that apply):

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Drug Prevention/ Intervention | <input type="checkbox"/> Screening/Testing, please specify type _____ |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Blood Donation | <input type="checkbox"/> Medical Insurance/ Coverage Plans |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Cultural Information/Activities |
| <input type="checkbox"/> Educational Service/Opportunities | <input type="checkbox"/> Other, please specify _____ |

Description of Service Provided: _____

Electricity Needed: No Yes

Location: Alameda Mall Northwest Mall Both Malls (preferred)

of Representatives Attending:

Additional Comments: _____

Signature of Representative _____ Today's Date _____



Please complete and return on or before **July 16, 2010**.
Return via fax to 713-651-8045, mail to 3353 Elgin St. Houston, TX 77004 or email to ypena@changehappenstx.org
Attention: CHD Committee
Direct Questions to Yuri Peña or 713-374-1200.