



**2009 Minnesota Viral Hepatitis  
Symposium:  
Linking Prevention, Diagnosis, and Care  
July 23-24, 2009**

**E-MAIL OR FAX THIS FORM TO:**

ATTN: Cheri Booth • Fax: 651-201-4000 • Email: Cheri.Booth@state.mn.us

First Name	Last Name	Degrees	
Title			
Organization			
Address			
City	State	Zip	
Email Address (required)			
Telephone Number		Fax Number	

**Which of the following describes your reason(s) for wanting to attend:  
(Check all that apply)**

- I have been personally impacted by hepatitis either as a person living with it, a family member, or caregiver.
- I do volunteer work in an area related to hepatitis.
- I work in a paid position related to hepatitis.
- Other, Please describe:

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**If you are employed or do volunteer work in a hepatitis related capacity,  
please indicate the type of agency/organization in which you work:**

- HIV/AIDS Community-Based Organization
- Substance Use Disorder Treatment Agency
- Mental Health Treatment Agency
- Health Care Provider
- Local Public Health Organization
- Mental Health Organization
- Local Criminal Justice Setting
- Provider of Homeless Services
- State Government Organization
- Other, Please Describe:

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**If you are an individual *impacted* by hepatitis, in 200 words or less, describe how attendance at the conference will benefit you and/or how you will utilize the information presented at the conference.**

**OR**

**If you are an individual *working* in an area related to hepatitis, either in a paid or volunteer capacity, in 200 words or less describe how attendance at the conference will enhance your ability to provide hepatitis-related services within the context of your job or volunteer position.**

**In 200 words or less, describe how your personal financial limitations and/or the financial limitations within your agency/organization would act as a barrier to attendance at the conference if you were not provided with a scholarship.**

*Information provided in this application is confidential and will be used for the scholarship selection process only.*