

A One-Day Conference for Faith and Ministry Members

Putting Feet and Hands To The Vision

Sponsored by All Faith Communities
Advancing HIV Prevention (AFCAAP)

November 1, 2008 • 8:30 a.m. to 4:30 p.m.

Prince George's County

Sports and Learning Complex

8001 Sheriff Road • Landover, MD 20785

*This one-day conference offers **two separate tracks** for registrants. Participants may attend one or both tracks of the conference. The lunch hour denotes the end of Track 1 and the beginning of Track 2.*



Track One

8:30 a.m. to 12:00 p.m.

Offers a Train-the-Trainer Workshop to prepare leaders to conduct HIV 101 sessions with their congregations and to initiate AIDS ministries. Each participant will leave the session with the materials necessary to conduct basic informational workshops.

Track Two

1:00 p.m. to 3:30 p.m.

Offers appropriate program samples and examples to assist faith and ministry leaders from trying to re-invent the wheel. Detailed presentations of program operations and sample curricula will focus the discussion and provide the foundation for participants to develop a tentative action plan to present to their parishioners and/or leaders after the workshop.

Cost:

A flat \$35.00 fee paid by check made payable to: University of Maryland.

Fee waived for faith/ministry members.

Coordinators:

Pearl Whitehurst, RN, Department of Health and Mental Hygiene (DHMH), AIDS Administration
Henry Bishop, MPA, Prince Georges County Health Department
Joan Wright-Andoh, MPH, CPM, Prince Georges County Health Department
Dorcas Baker, RN, Johns Hopkins University AETC

Registration:

Register online at: <http://www.pamaaetc.org/>

OR, complete information below and fax to: 410-328-9106; **mail your check for \$35.00 to:** IHV, AIDS Education and Conference Center, 22 South Greene Street
Box 175, Baltimore, MD 21201-1595
Contact: Nancy C. Davis (410-328-1215)

conference PRE-REGISTRATION information

Name _____ Accreditation(s) _____

Unique Identifier (birth month/birthday/last 4 digits of SSN) _____ Desired Tracks (circle) **1** **2**

Employer _____ Title _____

Work Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax Number _____ E-mail Address _____