



ACT AGAINST AIDS EVENT REPORT



ACT AGAINST AIDS HEALTHY COMMUNITIES PROGRAM EVENT REPORT

**Please submit one report per event.*

Council Name/Organization: _____

Event Date(s): _____

Event Location: _____

**Include full address, city, state, zip code*

Description of Event:

Number of Attendees: _____ **Number of Act Against AIDS Materials Distributed:** _____

Number of HIV Tests Administered: _____ **Number of Preliminary Positives:** _____

Please name and provide a short description of your testing partner and their work in your community / effectiveness.

Did you partner with any additional organizations or sponsors? If so, please name and describe partnership(s).

Please describe your promotion strategy. What worked best in reaching your target audience?

What successes or challenges did you face through the planning and execution of your event?

How was the stipend used to host / augment your testing event?

How were the informational materials received by your community; were any of the materials particularly popular?

Please submit the following items via email to LatinosLivingHealthy@LULAC.org

- **Completed copy of this form**
- **Photos of your event**
- **Media Clippings of your event coverage**
- **Copy of materials distributed, if not Act Against AIDS Materials**