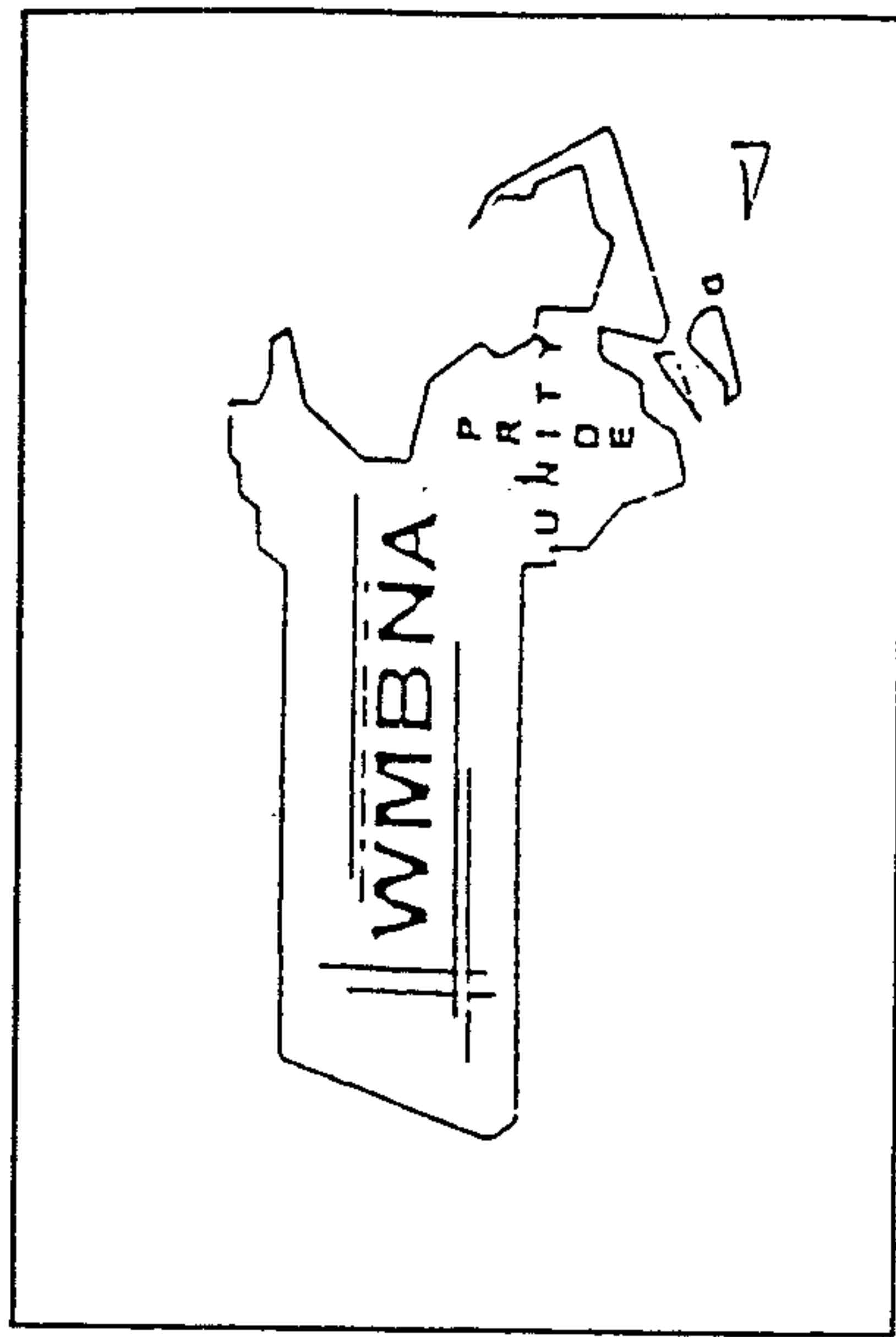


**WESTERN MASSACHUSETTS
BLACK NURSES
ASSOCIATION**



7th Annual Conference

**FACES OF AIDS:
AWARENESS, IMPACTS,
BEHAVIORS**

Friday, October 18, 2002
8:00 am to 3:30 pm

Springfield Marriott
Corner of Boland and Columbus Avenue
Springfield, Massachusetts

**Western Massachusetts
Black Nurses Association**

P.O. Box 90246
Springfield, MA 01109

**WMBNA CONFERENCE REGISTER FORM
FACES OF AIDS: AWARENESS, IMPACTS, BEHAVIORS**

Name _____ Social Security Number/RN and LPN Only _____

Position _____ Institution or Agency Represented _____

Address _____ City _____ State _____ Zip _____

<u>Conference Fees*</u>	Advanced Registration	On Site Registration	Registration Fee	\$ _____
RN, LPN, Others	\$65.00	\$75.00	Amount Enclosed	\$ _____
Full-time Students (with identification)	\$30.00	No On-Site Registration	Make checks payable to: Western Mass. Black Nurses Association	

Mail to:
Western Mass. Black Nurses Association
Conference Registrar
Post Office Box 90246, Springfield, MA 01109

*Includes cost of conference materials, continental breakfast, coffee and luncheon.
Advanced Registration by October 10, 2002. This conference is NOT restricted to Black Nurses.
The registration fee less \$15.00 processing fee will be refunded if notification of cancellation is received by October 10, 2002.