



# Registration Form

I. General Information				
<b>1. Name of the CSO/ Network</b>				
<b>2. Country</b>				
<b>3. Contact information</b>	Email address			
	Mailing address			
	Telephone number			
	Fax number			
<b>4. Mission statement</b>				
<b>5. Coverage</b> (Mark the column next to the corresponding area)	<input type="checkbox"/>	One city/ district	<input type="checkbox"/>	More than one city/district <b>Specify:</b>
	<input type="checkbox"/>	National coverage	<input type="checkbox"/>	Regional coverage <b>Specify:</b>
	<input type="checkbox"/>	International coverage <b>Specify:</b>		
<b>6. Areas of HIV related work</b> (Mark the column next to the corresponding area)	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	Voluntary Counseling and Testing (VCT)
	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Counseling
	<input type="checkbox"/>	Outreach Programs	<input type="checkbox"/>	Antiretroviral Therapy (ARV)
	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Other:
<b>7. Target groups</b> (Mark the column next to the corresponding area)	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Injecting Drug Users (IDU)
	<input type="checkbox"/>	Men having Sex with Men (MSM)	<input type="checkbox"/>	Sexual Workers

8. Member organizations <sup>1</sup>	Name of the organization	Legal status	Detailed addresses
9. Website address			
<b>II. Contact person</b>			
Name			
Title			
Contact information	Mailing address		
	Email address		
	Telephone number		
	Fax number		
I, the undersigned ( <b><i>Name of the contact person</i></b> ), hereby state that ( <b><i>Name of the CSO/ Network</i></b> ) is willing to join the Regional / Arab Network Against AIDS (RANAA).			
Date	Name & Signature		

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<sup>1</sup> This section is required for National Networks, not NGOs.