

**Comprehensive Review and High-Level Meeting  
Follow-up to the Declaration of Commitment on HIV/AIDS  
New York, 31 May - 1 June 2006**

**Application/Nomination Form**

Name of Organization:		Contact Persons:	
Years in Operation:			
Accredited with ECOSOC?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mailing Address:		Telephone Number:	
		Fax Number:	
		E-mail Address:	
Populations Served and/or Represented:			
HIV positive people (PLHIV)	<input type="checkbox"/>	Sex workers	<input type="checkbox"/>
Young people	<input type="checkbox"/>	Women and girls	<input type="checkbox"/>
Men who have Sex with Men (MSM)	<input type="checkbox"/>	Intravenous Drug Users (IDU)	<input type="checkbox"/>
		Others <input type="checkbox"/> Please specify: _____	
The organization is best described as:			
An association of PLHIV	Yes <input type="checkbox"/> No <input type="checkbox"/>	A private sector organization	Yes <input type="checkbox"/> No <input type="checkbox"/>
An NGO	Yes <input type="checkbox"/> No <input type="checkbox"/>	A pharmaceutical company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Faith Based Organization	Yes <input type="checkbox"/> No <input type="checkbox"/>	A labor organization	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other <input type="checkbox"/> Please specify: _____	
Brief Description of Activities in the field of HIV/AIDS, prevention, treatment and care: (not more than 150 words)			

- Please note that the nomination or selection of the applicant does not automatically entitle the organization to funding support for participation in the meeting.
- Please note further that successful applicants will be responsible for obtaining their own US visas, although UNAIDS will facilitate the issuance of an appropriate letter of invitation.
- Please note finally that **applications received after 3 February 2006 will not be considered.**

<p>Please submit the completed form to:</p> <p><b>‘UNGASS Nomination’ Civil Society Partnerships Unit UNAIDS</b> 20 avenue Appia 1211 Geneva 27, Switzerland Fax: +41 22 791 4149 Tel: +41 22 791 4448 <a href="mailto:csp@unaids.org">csp@unaids.org</a></p>
---