



TEST POSITIVE  
AWARE NETWORK

**2009 Illinois HIV Services Directory  
with expanded Chicago Listings**

Please print clearly and complete the entire form.  
Contact name & Phone number are required!

<b>Today's Date:</b>	
<b>Contact Name:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>ZIP:</b>	
<b>Phone:</b>	
<b>Email:</b>	

**Number of Copies**

--

**Illinois HIV Services Directory:**

(Note: 18 copies come in a box, but feel free to order any number of copies)

For larger orders (over 10 copies) in the Chicago area, please consider helping TPAN lower costs by picking up your order.

**CHECK ONE:** Will Pick Up Copies \_\_\_\_\_ Send Copies \_\_\_\_\_

Please fax this form to (773) 989-9494 OR Mail to:

TPAN—Attn: Joe Fierke  
5537 N. Broadway  
Chicago, IL 60640

If you have any questions, feel free to contact Joe Fierke at (773) 989-9400 x230