

# Get more directories

(AND GIVE US YOUR OPINION)

If you want additional copies of the **2004 HIV SERVICES DIRECTORY**, simply complete this order form and fax or mail back to us. Or send your request by e-mail to: Directories@tpan.com

**MAIL TO: TEST POSITIVE AWARE NETWORK**

5537 N. Broadway  
Chicago, IL 60640  
Attention: Directory Editor

**FAX TO: (773) 989-9494**

ATTN: DIRECTORY EDITOR

1. If you have HIV or AIDS, **does this directory assist you** in finding the resources you need?

YES     NO     N/A

2. If you are a caregiver or service provider, does this directory assist you in **providing resources or referrals**?

YES     NO     N/A

3. In general, is this directory **helpful to you**?

YES     NO     N/A

4. **How often do you** use this directory during a given month?

1 TO 10 TIMES     11 TO 20 TIMES  
 MORE THAN 20 TIMES

5. Please tell us **what you think about this directory** and ways in which we can improve it. (Use a separate sheet if needed.)

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DATE REQUESTED: \_\_\_\_\_

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

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