



**Yes ! Send my organization FREE bulk copies of *HIV Plus*!**

**For distribution in your waiting room or client services area.**

Please fill out this form and:

**FAX** today to: (212) 242-1344 Attn: Circulation Department

Or **MAIL** in the enclosed reply envelope to:

Attn: Circulation Department

*HIV Plus*

P.O. Box 1253

Old Chelsea Station

New York, NY 10113

**Yes, I want to receive *HIV Plus* six times per year.**

**MY ORGANIZATION:**

Clinic, Physician's Office, Hospital

AIDS Service Organization (Nonprofit)

Correctional Facility

Other

**PLEASE SEND US THE FOLLOWING QUANTITY EVERY TWO MONTHS:**

25  50  100  250  500

Other \_\_\_\_\_ (Minimum 25)

NAME \_\_\_\_\_

(PRINT PLEASE)

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

(WE CANNOT SHIP TO PO BOXES)

CITY/ST/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Thank You!