Yes, my organization wants to be a 2010 Let’s Talk Month Partner!

Name: _____________________________________________
Title: _______________________________________________
Program: ___________________________________________
Organization: _______________________________________
Address: ___________________________________________

City-State-Zip: ___________________________ / _____ / _________
Phone: ___________________________________________
Email: ___________________________________________

☐ Include the following activity/event on the LTM calendar:

Name of activity/event:
Contact Person:
Date:
Time:
Location:
Short description:

☐ Other

Mail or fax this completed form back to:
Jocelyn Broyles
MOAPPP 1619 Dayton Avenue, Suite 111, St. Paul, MN 55104
651-644-1417 (fax)