



**Sunday  
September 30, 2007  
Washington Park, Albany  
1 P.M. Check In  
2 P.M. Opening Ceremonies**

AIDSWALK 2007, SPONSORED BY THE COMMUNITY AIDS PARTNERSHIP OF THE CAPITAL REGION, WILL BRING TOGETHER OVER 2,000 CAPITAL REGION RESIDENTS TO REMIND OUR COMMUNITY THAT **THE AIDS EPIDEMIC IS FAR FROM OVER.**

Join us in celebrating the lives of persons living with HIV/AIDS in our community and **help raise funds for needed local HIV/AIDS services.**

Please visit our website at  
**[www.aidswalk-capitalregion.org](http://www.aidswalk-capitalregion.org)**  
For information or to register  
online please e-mail us at:  
**[Christinen@caresny.org](mailto:Christinen@caresny.org)**

Prizes will be given to participants  
who raise the most money.  
Refreshments and entertainment  
will follow the walk.

Funds raised will support the  
efforts of Capital Region  
AIDS organizations that provide  
needed services for AIDS  
prevention and care.

**Registration Form**



PLEASE MAIL TO:

**AIDS Council of NENY**  
927 Broadway.  
Albany, NY 12207

OR REGISTER ONLINE AT:  
[www.aidswalk-capitalregion.org](http://www.aidswalk-capitalregion.org)

OR FAX TO: (518) 489-2237

**FOR INFORMATION CALL**  
(518) 448-WALK

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- I would like to participate as an individual walker, or
- I am interested in forming a team. (Please send me a team leader kit.), or
- I would like to join the following team:  
Team Name: \_\_\_\_\_ Team Leader: \_\_\_\_\_
- My fundraising goal is \$\_\_\_\_\_. *Help us reach our goal of \$100 per walker.*
- My company \_\_\_\_\_ has a matching gift program.
- I need \_\_\_\_\_ registration forms for my friends.
- I am unable to attend. My tax-deductible contribution of \$\_\_\_\_\_ is enclosed.  
(Please make checks payable to Community AIDS Partnership/CARES)