



# HO CHI MINH CITY AIDS COMMITTEE

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## REGISTRATION FORM FOR EXHIBITION The Third National Scientific Conference on HIV/AIDS *Ho Chi Minh City, November 24 – 26, 2005*

<b>1. Organization:</b>					
<b>2. Address:</b>					
<b>3. Telephone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>4. Brief activities description (products or services):</b>					
<b>5. Number of booths:</b>		<b>Number of participants</b>			
<b>6. Representative:</b>					
<b>7. Telephone:</b>	<b>Phone:</b>				
	<b>Mobile phone:</b>				

**DIRECTOR**

*Receiving date:.....*  
*(Filled by organization board only)*