



**Yes, my organization wants to be a  
2009 Let's Talk Month Partner!**

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

**Title:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- Email me the LTM graphic/copy to add to my organization's website
- 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)