



KIMAMOW ATOSKANOW FOUNDATION

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CONTACT INFORMATION

Name _____ Phone _____

Address _____

Fax _____ E-mail _____

REASON FOR REQUEST

PRESENTATION TOPICS

HIV/AIDS Hepatitis C Virus Sexually Transmitted Infections

Other: _____

Basic Facts

Personal Story of individual affected or living with HIV/HCV

Male Female Family member

Specific needs: _____

Tree of Creation presentation Community Issues and Action

Provincial Activities National Activities

SKILL DEVELOPMENT & TRAINING

Program / Policy Development Risk or Harm Reduction

Proposal Development Evaluation

Presentation Skill Training Resource Development

(Use additional paper to provide more information – map, etc.)

