



**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)