FOIA Number: 2018-0764-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Sandra Thurman

Subseries:

OA/ID Number: 40015

FolderID:

Folder Title:
RSVPs 1/18/01 [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. entire folder	re: Invitees [Personally Identifiable Information] [partial] (87 pages)	01/18/2001	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:
RSVPs 1/18/01 [1]

2018-0764-F
jm2026

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

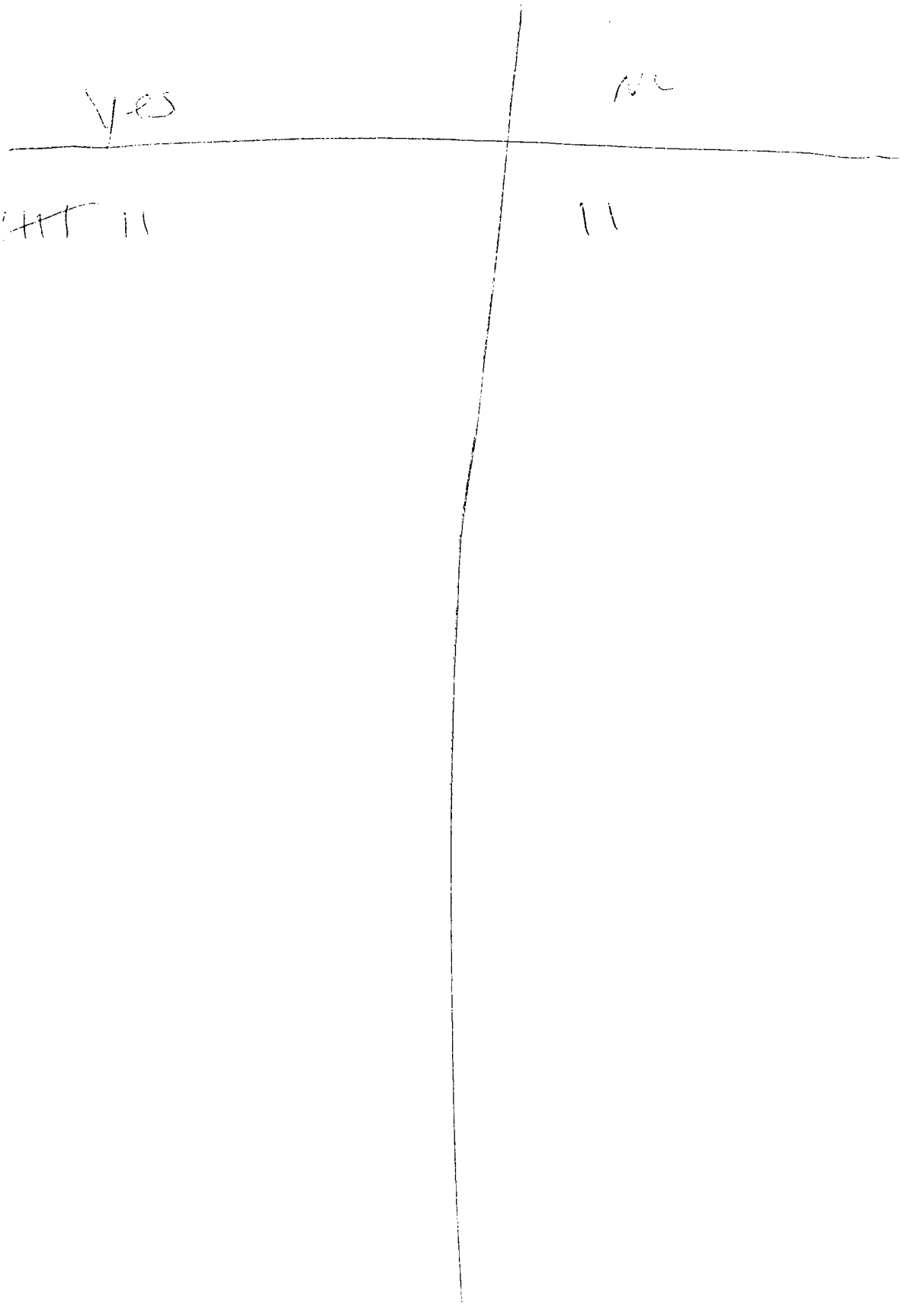
P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Reception
Clearance
1/18/01



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OA/Box Number: 40015

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

— CLEARED FOR 600 p.m. Thursday 474 OEOB

— escort needed

ADASHEK, JONATHAN
ALBERT, MARC
AMBROSE, MICHAEL
ANASTASI, MARIE
ANDERSON, TERJE
ARNOLD, WILLIAM
BAKER, CORNELIUS
BARTH, ERIKA
BASILE, VICTOR
BENNETT, BARBARA
BERG, ROBERT
BERMAN, JOHN
BHATT, PAURVI
BLACKWELL, CHARLES
BOURASSA, VIRGINIA
BRAUN, KRISTIN
BROWN, CATHERINE
BROWN, CATHY
CARR, KATHLEEN
CARSON, TRACY
CASTLE, CHRISTOPHER
CATES, WILLIARD
CHAD, MARTIN
COHEN, DONALD
CONNOLLY, CAROLINE
CORNMAN, HELEN
CRISTINA, JOSEPH
CZYRKA, KAROL
DAULAIRE, NILS
DAULAIRE, SIRI
DELAY, PAUL
DELLUMS, RONALD
DERRYCK, VIVIAN
DESHAZER, MACARTHUR
DESOLE, ROXANAROGERS
DEZALDUONDO, BARBARA
DOSHI, REENAL
EDWARDS, ROBERT
EMANUELSON, JOHN
FAUCI, ANTHONY
FIELD, MARYLYN
FISHER, ANDREW
FLEMING, PATRICIA

(b)(6)

[001]

FOOTE, MELVIN
FOWLER, CLEARANCE
GAIST, PAUL
GAMBRELL, ALAN
GETSON, ALAN
GILLESPIE, DUFF
GILMAN, JOHN
GOMEZ, MICHAEL
GOOSBY, ERIC
GOTTEMOELLER, MEGAN
GREEN, KIMBERLY
HANEN, LAURA
HARRIS, WILLIAM
HARTSOCK, PETER
HARVEY, DAVID
HEART, LINDA
HERZOG, MARK
HILTON, PHILIP
HOLLOWAY, JOAN
ILVES, ANDREW
ISSAC, MARK
JACKSON, JACK
JOHNSON, MICHAEL
KENNEDY, MAYBELLE
KINOTI, STEPHEN
KOOMSON, BERTHAHELENA
KOOMSON, KOBINAARTHUR
LABONTE, CHRISTOPHER
LAMPTEY, PETER
LEVIN, SAUL
LIONETTI, DENISE
LUCAS, PAYNE
MACINNIS, RONALD
MCONNELL, BERND
MENARD, BARBARA
MILAN, JESSE
MILLER, CAROL
MILLER, MICHAEL
MINOR, BRENT
MONTOYA, DEBORAH
MTSHALI, GLAUDINE
NADLER, TRACEYSCOTT
NEEDLE, RICHARD
NEWTON, GARY
NOLEN, HEATHER
NYANGANYI, MUSTAFA

Barnett Anthony

(b)(6)

ODAY, JAMES
OGRADY, MARY
OSBORNE, KEVIN
OSEROFF, EDWARD
OUTTERSON, BETH
PARTLOW, MARY
PETITO, MARGARET
PIERCY, JAN
PIOTROW, PHYLLIS
PRIMM, BENY
PULERWITZ, JULIE
RAKOVIC, ANN
RAMLOW, REED
RIGGS, MICHAEL
RIGGSPERLA, JOY
ROMERO, ELIZABETH
RUTENBERG, NAOMI
SAKAE, MEGUMI
SANDERS, ROBIN
SCARLETT, MARGARET
SEZIBERA, RICHARD
SIEMENS, ALBERT
SISULU, SHEILA
SPADACINI, MARIABEATRICE
SSEMPALA, EDITHGRACE
STACHELBERG, CYNTHIA
STANECKI, KAREN
STEPHENSON, CHARLES
STERNBERG, ALAN
STILWELL, WILLIAM
STINSON, NATHANIEL
SUALE, SAMBE
SUMILAS, MICHELE
SUMMERS, TODD
SUSKINKLAUBER, HOPE
SUSSMAN, LINDA
TAYLOR, MARY
THOMSON, CHRISTOPHER
TONDREAU, MARY
TOWNSEND, JOHN
TURNER, BARBARA
VERONSULLIVAN, YOLANDE
VIGUERIE, KATHRYN
VONZINKERNAGEL, DEBORAH
WALKER, KIMBERLY
WALKOWIAK, HELENA

(b)(6)

WATTS, LYDIA
WIGGINS, JAMES
ZAKE, FLORENCE Sup Environment.
ZEWDIE, DEBREWORK

(b)(6)

RECEPTION RESPONSE FORM

_____ I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

__✓__ I WILL NOT BE ABLE TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.) Currently traveling in Botswana

_____ I CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE TO THE BOOK OF REMEMBRANCES. (Please send your contribution by February 1 to TvT Associates, Inc. Attn: Tanya, 1101 Vermont Avenue, NW Suite 900, Washington, DC 20005)

IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Marlink

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Richard

DATE OF BIRTH: _____

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: _____

PHONE NUMBER: _____

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

RECEPTION RESPONSE FORM

✓ I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

_____ I WILL NOT BE ABLE TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.)

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. ANASTASI

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MARIE-CHRISTINE

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Plan International

PHONE NUMBER: 703-807-1264 Ext. 104

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Basile

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Victor

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Peace Corps

PHONE NUMBER: 202-692-2185

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Sykin-Klauber

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Hope

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202-712-0952

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Lionetti

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Denise

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TvT Associates, Inc.

PHONE NUMBER: (202) 842 2939

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. CATES

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. WILLARD JR.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Family Health International

PHONE NUMBER: 919/405-1404

PLEASE ENTER THE OEOB THROUCH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Haner

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Laura

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: National Alliance of State and Territorial AIDS Directors

PHONE NUMBER: 202.434.8091

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

Y

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Viguerie

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Kathryn

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Planned Parenthood Federation of America

PHONE NUMBER: 202-973-4876

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Sisulu

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Sheila (Ambassador

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: South Africa

SOCIAL SECURITY NUMBER: (b)(6) Amb. Sisulu's passport no.

ORGANIZATION: Embassy of South Africa

PHONE NUMBER: 202 745 6646

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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N/

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Stachelberg

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Cynthia

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Human Rights Campaign

PHONE NUMBER: (202) 216-1549

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Carr

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Kathleen S.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Elizabeth Glaser Pediatric AIDS Foundation

PHONE NUMBER: 202-371-0099

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Levin

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Saul

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: —

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Pres Access Consulting, International

PHONE NUMBER: 202-955-6060

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. FLEMING

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. PATRICIA

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: _____

PHONE NUMBER: 301-263-0010

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Noker

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Heather

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN:

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Church World Service/Nat'l Council of Churches

PHONE NUMBER: (202) 544-2350 X 23

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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Y

RECEPTION RESPONSE FORM

✓ I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

_____ I WILL NOT BE ABLE TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.)

_____ I CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE TO THE BOOK OF REMEMBRANCES. (Please send your contribution by February 1 to TvT Associates, Inc. Attn: Tanya, 1101 Vermont Avenue, NW Suite 900, Washington, DC 20005)

IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Miller

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Carol

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 202-833-5900

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

Y

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. SUMMERS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. TODD

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN:

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Progressive Health Partners, Inc.

PHONE NUMBER: 202-545-0881

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Partlow

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Mary

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 202.833.5900

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. SOTIROPOULOS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MARIA

DATE OF BIRTH: _____

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: Hold A WH PASS

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: PROTOCOL

PHONE NUMBER: 202-647-1195

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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WH

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Johnson

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Robert B.

DATE OF BIRTH: (he has pass)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: U.S

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: President's Initiative for One America Rm 468

PHONE NUMBER: 456-5189

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

PLEASE JOIN FRIENDS AND STAFF OF

WH

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. STANECKI

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. KAREN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: US CENSUS BUREAU

PHONE NUMBER: 301-457-1406

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

U.S. Agency For International Development
Washington, D.C. 20523

USAID

FACSIMILE TRANSMITTAL COVER SHEET

Sorry for the delay!

ONAP = Reception -

DATE: 1/16

TO:

ATTENTION: 202-456-2438 ORGANIZATION: _____
FAX PHONE: _____ OFFICE PHONE: _____

FROM:

ORIGINATOR: Linda Sussman ORGANIZATION: USAID
FAX PHONE: _____ OFFICE PHONE: 202-712-5942

SUBJECT: _____

NUMBER OF PAGES *(including this cover sheet)*: _____

COMMENTS:

Reception Response Form
(I lost mine)

Last Name - Sussman
First - Linda
DOB - (b)(6)
US citizen
SS # - (b)(6)
org - USAID - HIV/AIDS Division
phone - 202-712-5942

AID 330-7 (8/94)

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DUALE

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. SAMBE

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TULANE UNIVERSITY SPHSTM

PHONE NUMBER: (202) 884 8809

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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AED

Academy for Educational Development

FAX TRANSMITTAL FORM			
Date: 01/16/01			
To: Office of National AIDS Policy		Fax #: 202 456 2438 Phone #:	
From:	Dr. Sambe Duale SARA Project	Fax #: Phone #: E-mail:	202 884 8447 202 884 8809 sduale@aed.org
Number of pages (including this cover letter): 2			
ADDITIONAL COMMENTS			

I will plan to join friends in the International HIV/AIDS Community to say thank you to Sandy Thurman, Michael Iskowitz, and staff of the White House Office of National AIDS Policy for their leadership in the global fight against HIV/AIDS, especially in Africa..

1875 Connecticut Avenue, 9th Floor, Washington, DC 20009
Tel. 202 884 8809 Fax. 202 884 8701

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DOSHI

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. REENAL

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 202-833-5900

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

1701 K Street, NW, Suite 600
Washington, DC 20006-1503
Phone: (202) 833-5900
Fax: (202) 833-0075

Global Health Council

Fax

To:

From: Reenal Doshi

Fax: 202-456-2438

Date: 1/18/01

Phone:

Pages: 5

Re:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Gottemoeller

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Megan

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Women's Health Exchange

PHONE NUMBER: 301-642-8701

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Daulaire

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Siri S. (R.)

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: US

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 301.493.8366

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. WIGGINS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. JAMES

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 202-833-5900

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. BERMAN

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. JOHN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: US

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: PSI

PHONE NUMBER: (202) 785-0072

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FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 12 ~~5:00~~ P.M., ~~WEDNESDAY, JANUARY 17~~. Thursday Jan 18

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. HERZOG

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MARK

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: WHITMAN WALKER CLINIC

PHONE NUMBER: 202-624-1306

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RICHARD NEEDLE
DATE OF BIRTH (b)(6)

SOCIAL SECURI

[redacted] FAX

001

Office of HIV/AIDS Policy

Office of Public Health and Science
U.S. Public Health Service/DHHS
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel. (202) 690-5560

☐ Room 736-E

Fax. (202) 690-6584

☐ Room 736-E
Fax.
(202) 690-7560

TO: MATTHEW MURGUIA
456-2438

FROM: Shellie Abramson
202-260-8863

Thanks

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. TAYLOR

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MARY

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: GLOBAL HEALTH COUNCIL

PHONE NUMBER: 202-833-5900

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. PIERCY

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. JAN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: World Bank

PHONE NUMBER: 202 458 0110

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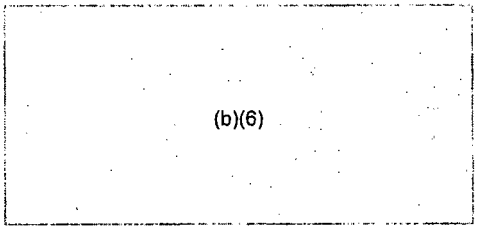
Christopher

Thomson



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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. STEPHENSON

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. CHARLES

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HEALTHCARE TASK MAN. CO.

PHONE NUMBER: 202-661-4741

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DELLUMS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. RONALD

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HEALTHCARE INT'L MAN. CO.

PHONE NUMBER: 202-661-4741

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140 S. Dearborn St.
Chicago, IL 60603-5285
Tel: 312-726-8000
Fax: 312-917-0334
www.macfound.org

MacArthur Foundation

Fax

To:	Office of National Aids Policy	**From:**	Stuart Burden
Fax:	(202)456-2438	**Pages:**	2 (including cover)
Phone:	(202)456-2437	**Date:**	01/18/01
Re:	Reception response form	**CC:**	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** Please see attached.

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Green

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Kimberly

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: /

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: PLAN International

PHONE NUMBER: 703-807-1264 ext. 103

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

Cheryl S. Bauerle
01/18/2001 10:13:25 AM

Record Type: Record

To: Matthew Murguia/OPD/EOP@EOP

cc:
Subject: please clear for tonight - thanks!

RAKOVIC, ANN
Connolly, Caroline (b)(6)

RECEPTION RESPONSE FORM

✓ I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

_____ I WILL NOT BE ABLE TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.)

_____ I CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE TO THE BOOK OF REMEMBRANCES. (Please send your contribution by February 1 to TvT Associates, Inc. Attn: Tanya, 1101 Vermont Avenue, NW Suite 900, Washington, DC 20005)

IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Miller

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Michael

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: n/a

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: US Senate

PHONE NUMBER: 202.224.9583

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Corman CORMAN

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Helen Helen

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global AIDS Action Network

PHONE NUMBER: 301-408-2882

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. VERON-Sullivan

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Yolande MARIE

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: US citizen

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: FAMILY HEALTH INTERNATIONAL

PHONE NUMBER: 703 516 9779

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

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HIV/AIDS PREVENTION AND CARE DEPARTMENT

FAMILY HEALTH INTERNATIONAL
2101 WILSON BLVD., SUITE 700
ARLINGTON, VIRGINIA 22201
USA

FAX #: (703) 516-9781
TELEPHONE: (703) 516-9779
URL: http://www.fhi.org/

TO:

NAME: White House Office of National AIDS Policy

LOCATION: The White House, Washington, D.C.

FAX #: 202-456-2438

FROM:

NAME: Yolande VERON Sullivan

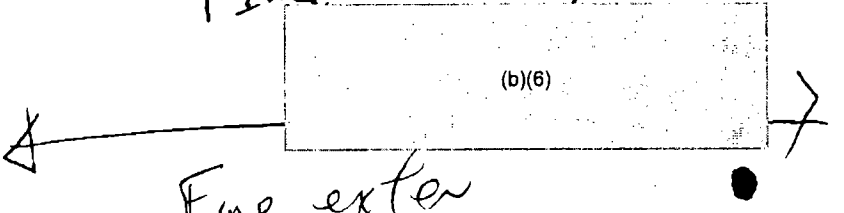
DATE: 1/18 **TOTAL # OF PAGES:** 2 **(Including this page)**

SUBJECT: Initiation Response

THE WHITE HOUSE
WASHINGTON

✓ Bob ~~Crittenden~~

Fine Colyar



Fine exter

1 each table

1 per heating unit

64742

Charles Blackwell
Robert Edwards Smeddon

(b)(6)

546-6610

ATTN: TANYA - thank you! Emily

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. CASTLE

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. CHRISTOPHER (for Jeff O'Malley from HIV/AIDS Alliance)

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: POPULATION COUNCIL · HORIZONS

PHONE NUMBER: 202 · 237 · 9412

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Piotrow

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Phyllis

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Johns Hopkins University Center for Communication Programs

PHONE NUMBER: 410-659-6304

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DESHAZER

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MACARTHUR

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: U.S. Department of Labor - Int'l Labor Affairs Bureau

PHONE NUMBER: 202-693-4770

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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Population Council
4301 CONNECTICUT AVENUE, NW
SUITE 280, WASHINGTON, DC 20008
TELEPHONE 202-237-9400
FACSIMILE 202-237-8410
EMAIL HORIZONS@PCDC.ORG
WWW.POPCOUNCIL.ORG

Horizons

HORIZONS PARTNERS
INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW)
PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)
INTERNATIONAL HIV/AIDS ALLIANCE
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB)
TULANE UNIVERSITY

FACSIMILE

Date: 17 Jan 2001

No. of pages including cover sheet: 2

To: Tanya
Fax: 456-2438

From: Emily T. Knox - Horizons · PopulationCouncil

Message

Hi Tanya -

Sorry I caught you as you were walking out - thank you so much for clearing this up. If there are any questions, please feel free to call me at 237-9433.

Best wishes for tomorrow night!

Emily T. Knox

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. NEWTON

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. GARY

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: ~

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202 712-5912

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. GARY

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. STINSON, JR.

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. NATHANIEL

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: DEPARTMENT OF HEALTH & HUMAN SERVICES

PHONE NUMBER: (301) 443-5084

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. BHATT

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. PAURVI

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN:

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID - HIV DIVISION

PHONE NUMBER: 202 - 712 - 1154

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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U.S. Agency For International Development
Washington, D.C. 20523

FACSIMILE TRANSMITTAL COVER SHEET

DATE: ~~1/17/01~~ 1/17/01

TO:

ATTENTION: ONAP ORGANIZATION: ONAP

FAX PHONE: 202-456-2438 OFFICE PHONE:

FROM:

ORIGINATOR: Pauru Bhatt ORGANIZATION: USAID

FAX PHONE: OFFICE PHONE: 202-712-1154

SUBJECT:

NUMBER OF PAGES *(including this cover sheet)*: 2

COMMENTS:

RSVP for Thurman Reception

RECEPTION RESPONSE FORM

X I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Johnson

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Michael

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HRSA

PHONE NUMBER: (301) 443 8045

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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TvT ASSOCIATES
1101 Vermont Avenue, NW
Suite 900
Washington, DC 20005
(202) 842-2939
Fax (202) 842-7650
tvt@tvtassoc.com

FACSIMILE TRANSMISSION

TO: Cheryl Bauerle **FROM:**

PHONE #: **DATE:**

Pages(3) including cover page

COMMENTS:

C- Here are 2 more from TvT, with another 4 expected tomorrow via Dear Tanya.
As of now our list is B de Zaldivar
Mary Tondreau
Denise Lioretti
Tanya Harrel
Sabra Anara Sraghan

Probable additional names: Shane Ryland
William Murray
Julia Ross.

Will confirm w/ full RSVP sheets tomorrow.

Cheers, Bdez

Recipient fax #: 456-2438

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. LABONTE

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. CHRISTOPHER

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HUMAN RIGHTS CAMPAIGN

PHONE NUMBER: (202) 216-1504

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Harris

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. William

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Children's Research and Education Institute

PHONE NUMBER: 617-492-2229

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DE ZALDUONDO

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. BARBARA ORVIS

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TvT Associates

PHONE NUMBER: 202-842-2935

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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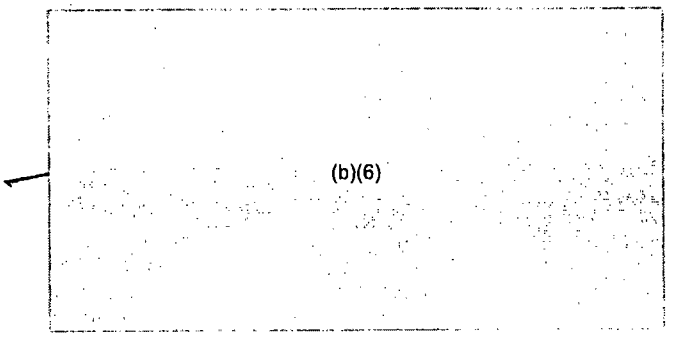
THE WHITE HOUSE
WASHINGTON

Tracy
CARSON



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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. ISAAC

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. MARK

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

PHONE NUMBER: (202) 371-0099

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. BAKER

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. CORNELIUS

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: WHITMAN-WALKER CLINIC

PHONE NUMBER: 202-797-3511

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Barth

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Erika

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: (202) 712-4529

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IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. ZEWDIE

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. DEBREWORK

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: ETHIOPIA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: WORLD BANK

PHONE NUMBER: 202-473-9414

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

RECEPTION RESPONSE FORM

X I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

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IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D.
STERNBERG

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D.
AIAN STEVEN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER (b)(6)

ORGANIZATION: USA TODAY

PHONE NUMBER: 703-276-4514

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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THE WHITE HOUSE
WASHINGTON

Brent Minor

(b)(6)

William

Stilwell

(b)(6)

John

Emanuelson

(b)(6)

U.S.

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Walker

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Kimberly

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: N/A

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Office of Sen. Paul Wellstone

PHONE NUMBER: 202-224-5641

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. GILMAN

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. JOHN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: —

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Sen. PAUL WELLSTONE

PHONE NUMBER: 202-224-8455

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PAUL D. WELLSTONE
MINNESOTA

MINNESOTA TOLL FREE NUMBER:
1-800-642-6041

COMMITTEES:
LABOR AND HUMAN RESOURCES
SMALL BUSINESS
INDIAN AFFAIRS
VETERANS' AFFAIRS
FOREIGN RELATIONS

United States Senate
WASHINGTON, DC 20510-2303

FAX

TO: AIDS Policy

FROM: Jennifer O'Keefe - Scheduler
U.S. Senator Paul D. Wellstone

DATE: 1/17/01

MESSAGE: Sen. Wellstone will be unable to attend event tomorrow - 1/18 - however 2 staff persons will represent him there

COVER SHEET + ____ PAGES = 3 TOTAL NUMBER OF PAGES

Please contact 202-224-5641 if there were any problems with the transmission of this fax
224-2159 - Please call me to verify receipt and if this is acceptable.

PDW:kl

HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-2303
(202) 224-5641

2550 UNIVERSITY AVENUE, WEST
COURT INTERNATIONAL BUILDING
ST. PAUL, MN 55114-1025
(651) 645-0323

POST OFFICE BOX 281
105 2D AVENUE, SOUTH
VIRGINIA, MN 55792
(218) 741-1074

417 LITCHFIELD AVENUE, SW
WILLMAR, MN 56201
(320) 231-0001

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Chad

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Martin

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Centers for Disease Control and Prevention - HHS

PHONE NUMBER: (404)639-5217

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. DELAY

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. PAUL

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202 712 0683

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. RAMLOW

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. REED

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: The Futures Group International

PHONE NUMBER: 202-775-9680 Ext. 509

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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RECEPTION RESPONSE FORM

1 pp by fax

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Petito

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Margaret L.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: NYUMBANI ORPhanage (non-profit)
Petito & Associates (ui)

PHONE NUMBER: 202 537 1327

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

And: Sakae, Meaumi (Japanese)

DoB:
SS: (b)(6)

LAW STUDENT Intern

Phone: 202 537-1327

org: C/See above

THE Futures GROUP INTERNATIONAL

1050 17th Street, NW, Suite 1000, Washington, DC 20036 USA
Tel: 202.775.9680 Fax:202.775.9694 www.tfgi.com

FAX

January 17, 2001

TO: **Office of National AIDS Policy**
Executive Office of the President
The White House

FROM: **The Futures Group International**

VIA: **(202) 456-2438**

SUBJECT: **Reception for Sandy Thurman and Michael Iskowitz**

In response to the invitations to Kevin Osborne and John Stover, following are the completed registration forms for the 2 individuals who plan to attend the event tomorrow. Inasmuch as Mr. Stover is not able to attend, we have asked Reed Ramlow to participate on his behalf.

Should there be any questions concerning the above, please feel free to contact me at (202) 775-9680.

Sincerely,

Olga H. Marmenko
Executive Liaison

Attachments: As stated.

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. OSBORNE

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. KEVIN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: SOUTH AFRICA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: POLICY PROJECT

PHONE NUMBER: (202) - 775 9680

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. McConnell

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Bernd

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SE (b)(6)

ORGANIZATION: PDASD/ISA, Pentagon

PHONE NUMBER: 703-693-0471

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. MacInnis

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Ronald

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202-219-0473

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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1701 K Street, NW, Suite 600
Washington, DC 20006-1503
Phone: (202) 833-5900
Fax: (202) 833-0075

Global Health Council

Fax

To: **From:** Ronald MacInnis

Fax: 202-456-2438 **Date:**

Phone: **Pages:**

Re: **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

RSVP

RECEPTION RESPONSE FORM

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. WALKOWIAK

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. HELENA

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: U.K.

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: MANAGEMENT SCIENCES FOR HEALTH

PHONE NUMBER: 1-703-593-0237

FAX NUMBER 1-703-524-7898

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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DEBORAH M. MONTOYA

(b)(6)

RECEPTION RESPONSE FORM

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____ I WILL NOT BE able TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.)

____ I CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE TO THE BOOK OF

Attn: Tanya, [illegible] TvT Associates, Inc.

IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. SSEMPALA

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. EDITH GRACE

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: UGANDA

SOCIAL SECURITY NUMBER:

ORGANIZATION: UGANDA EMBASSY

202-726-7100

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. PRIMM

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. BENY J.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: ADDICTION RESEARCH & TREATMENT CORPORATION

PHONE NUMBER: (718) 260-2950

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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ADDICTION RESEARCH AND TREATMENT CORPORATION

Office of the Executive Director
Beny J. Primm, M.D.

(718) 260-2950 Office
(718) 260-9492 Fax Number

Date: 1/17/01

To: OFFICE OF NATIONAL AIDS POLICY

Fax Number: (202) 456-2438

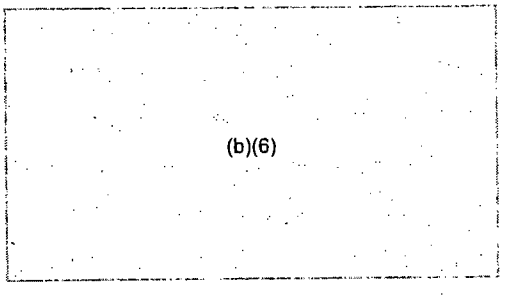
Number of Pages: 2 (Including this page)

Comments: RECEPTION RESPONSE FORM

If this document is NOT LEGIBLE, please call the above office number.

THE WHITE HOUSE
WASHINGTON

MARC ALBERT



Dareen

202-726-7100

Uganda

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. SANDERS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. ROBIN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Dept. of State

PHONE NUMBER: (202) 619-4894

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. KINOTI

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. STEPHEN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: KENYA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Academy for Educational Development

PHONE NUMBER: 202-884-8236

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. ILVES

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. ANDREW

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: AIDS Memorial Quilt

PHONE NUMBER: 415-882-5500

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Anderson

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Terje J.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: National Association of People with AIDS

PHONE NUMBER: (202) 898-0414, Ext. 101

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

RECEPTION RESPONSE FORM

X I WILL ATTEND. (YOU MUST COMPLETE THE ENTIRE FORM BELOW.)

_____ I WILL NOT BE ABLE TO ATTEND. (PLEASE PROVIDE ONLY YOUR NAME ON THE FORM BELOW.)

_____ I CANNOT ATTEND BUT WOULD LIKE TO CONTRIBUTE TO THE BOOK OF REMEMBRANCES. (Please send your contribution by February 1 to TvT Associates, Inc. Attn: Tanya, 1101 Vermont Avenue, NW Suite 900, Washington, DC 20005)

IF ATTENDING, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO BE CLEARED INTO THE OLD EXECUTIVE OFFICE BUILDING (OEOB).

PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Riggs

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Michael

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: & US

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Rep. Barbara Lee

PHONE NUMBER: ~~202~~ 202/ 225-2661

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Romero

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Elizabeth V.

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: National Association of People with AIDS

PHONE NUMBER: (202) 898-0414, Ext. 107

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. R. Lamptey

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Peter

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: Naturalized American

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Family Health International

PHONE NUMBER: 703-516-9779

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. HARVEY

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. DAVID

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: AIDS Alliance for Children, Youth, & Families

PHONE NUMBER: 202.785.3564, ext. 11

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. ADASHEK

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. JONATHAN

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: US

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TREASURY

PHONE NUMBER: 622-0733

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. WATTS

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. LYDIA

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Rainbow/Push Coalition

PHONE NUMBER: 202-339-8037

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. Sumilas

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. Michele

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Global Health Council

PHONE NUMBER: 202-833-5900

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. MENARD

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. BARBARA

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HUMAN RIGHTS CAMPAIGN

PHONE NUMBER: 202 216 1540

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PRINT LAST NAME AS IT APPEARS ON YOUR PHOTO I.D. MTSHALI

PRINT FIRST NAME AS IT APPEARS ON YOUR PHOTO I.D. GLAUDINE

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: SOUTH AFRICA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: EMBASSY OF SOUTH AFRICA

PHONE NUMBER: (202) 745-6652

PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

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