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 [2]

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	Invitees re: Personally Identifiable Information [partial] (63 pages)	01/18/2001	b(6)

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

FOLDER TITLE:
RSVPSs 1/18/01 [2]

2018-0764-F
jm2027

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]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. entire folder	Invitees re: Personally Identifiable Information [partial] (63 pages)	01/18/2001	b(6)

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

FOLDER TITLE:
RSVPSs 1/18/01 [2]

2018-0764-F
jm2027

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 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. DR. KOOMSON

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

DATE OF BIRTH: (b)(6) [001]

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

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: EMBASSY OF GHANA

PHONE NUMBER: 202-686-4520

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.

EMBASSY OF GHANA

3512 International Drive, NW
Washington, DC. 20008

Tel: (202)686-4520 ext. 215 Fax: (202) 686-4527 Telex: ghanaemb 64539

FAX

DATE: January 16, 2001

No. of pages 3
(including cover sheet)

FOR: **OFFICE OF THE NATIONAL AIDS POLICY**

ORGANIZATION: Fax No. 202-456-2438

FROM: The Ambassador's Office

SUBJECT: Response Sheets

MESSAGE:

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. KOOMSON

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: GHANA EMBASSY

PHONE NUMBER: 202-686-4520

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.)

_____ 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. BROWN

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Childun Affected by AIDS Foundation

PHONE NUMBER: 310-258-0850

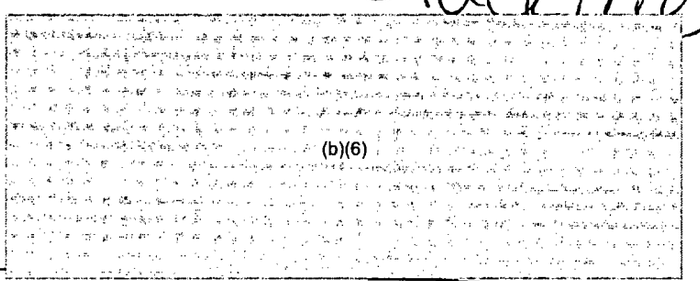
PLEASE ENTER THE OEOB THROUGH THE PENNSYLVANIA AVENUE ENTRANCE JUST OFF 17TH STREET, NW. YOU MUST BRING PHOTO I.D. WITH YOU. CLEARANCE WILL LAST UNTIL 7 PM ONLY.

THIS INVITATION IS NON-TRANSFERABLE.

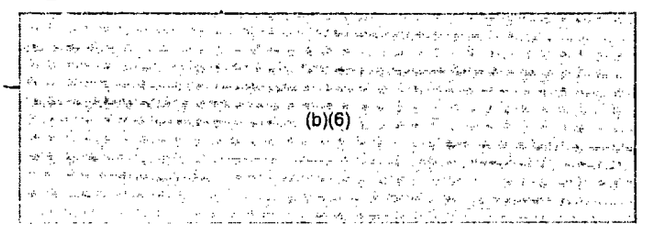
FAX YOUR RESPONSE TO 202-456-2438 NO LATER THAN 5:00 P.M., WEDNESDAY, JANUARY 17.

N

Charles Blackwell



Linda Heart



NO

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.)

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. Goosby

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: _____

PHONE NUMBER: 202-260 8863

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.

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. VON ZINKERNAGEL

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: OMB/OPPS/HHS

PHONE NUMBER: (202) 690-5560

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

✓ 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.)

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. O' GRADY

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: U.S.A.

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.

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

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. BRAUN

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

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 x 18

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

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. TONDREAU

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: United States

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TvT Associates, Inc.

PHONE NUMBER: (202) 842-2939, ext. 119

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.)

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. COHEN

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: PLAN INTERNATIONAL USA

PHONE NUMBER: 703 807 1264

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

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. Hartsock

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: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: U.S. Public Health Service / Nat. Insts. of Health

PHONE NUMBER: (301) 402-1964

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.

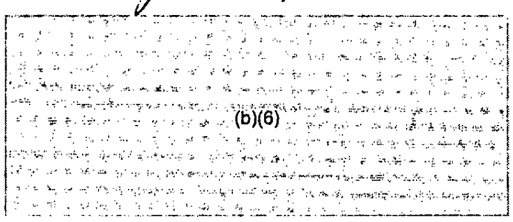
THIS INVITATION IS NON-TRANSFERABLE.

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

Y

THE WHITE HOUSE
WASHINGTON

TRACY
SCOTT HADLOCK



Sent

~~WH~~	NSC	OMB	
Maria Echeveste	Gayle Smith	Ed Cassella	✓ yes
~~John~~ Podesta	~~Cathy~~ Byrne	~~Rodney~~ Bent	
~~Gene~~ Sperling	Mara Rudman	~~Gap~~ ~~Lyle~~	✓
~~Steve Richetti~~	Ken Bernard	~~Stefani~~ Dashman	
Rebecca Walldorf	Nora Dempsey	Sylvia Matthews	
Chris Jennings	Jim ~~Babbitt~~	~~Jack~~ Lew	
Bruce Reed	Leon Fuerth	~~Jeanne~~ Lambrew	
Deborah Adler	~~Tom~~ ~~Rosshirt~~ Rosshirt	~~Josh~~ ?	
Ben ~~Johnson~~	Laura Efros		

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. Echaveste

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

DATE OF BIRTH: _____

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

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: Deputy Chief of Staff

PHONE NUMBER: 66594

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.

PLEASE JOIN FRIENDS AND STAFF OF WHX

Children Affected by AIDS Foundation
6033 W. Century Blvd., Suite ~~260~~ 280
Los Angeles, California 90045
Telephone: 310-258-0850
Facsimile: 310-258-0851

FAX COVER MEMO

To: Cheryl Banuelos

From: Cathy Brown

Fax #: 202-456-2739

Re: Next week

Date: 1/10/01

No. of pages including cover sheet 1

Joe Cristina - D.O. 1
55#

Cathy Brown - D.O. 2
55#

(b)(6)

Also, Joe wanted me to ask you the status of the photos from WAD. He's afraid once you are gone, he won't get it. Let me know when you can.

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. GAIST

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

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. [redacted] US

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: NIH/DHHS

PHONE NUMBER: 301-435-7577

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

✓ 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. ARNOLD

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: U.S.A.

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: FDAP

PHONE NUMBER: (202) 588-1335

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.)

_____ 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. DAULAIRE

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

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.

4

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. FAUCI

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: NATIONAL INSTITUTE OF ALLERGY & INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH

PHONE NUMBER: (301) 496-2263

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.)

_____ 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.
Jack C. Jackson, Jr.

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

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN:

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: National Congress of American Indians

PHONE NUMBER: (202) 466-7767

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.

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. CRISTINA

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

DATE OF BIRTH: [redacted (b)(6)]

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

SOCIAL SECURITY NUMBER: [redacted (b)(6)]

ORGANIZATION: CHILDREN AFFECTED by AIDS FOUNDATION

PHONE NUMBER: 310-258-0850

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 P.M 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.)

____ 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. NYANGANYI

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: DIPL. ID NO. [redacted] (b)(6)

ORGANIZATION: EMBASSY OF TANZANIA

PHONE NUMBER: (202) 884-1080

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.

EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

TEL: 202-939-6125
FAX: 202-797-7408
TLX: 64213

2139 R STREET, N.W.
WASHINGTON, D.C. 20008

REF. NO. _____

TELEFAX COVER SHEET

DATE: JAN. 16. 2001

TO: OFFICE OF NATIONAL AIDS POLICY

FROM: AMBASSADORS OFFICE
TANZANIA EMBASSY

COMMENTS: AS PER ATTACHED RECEPTION RESPONSE FORM.

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. Holloway

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: HRSA

PHONE NUMBER: 301-443-9530

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. FISHER

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: _____

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: POPULATION COUNCIL

PHONE NUMBER: 202·237·9407

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. GETSON

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202-712-5712

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. Gillespie

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202-712-4120

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.

The SISTER of KAREN STANECKI

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. CZYRKA

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: ACCENTURE

PHONE NUMBER: 847-714-3274

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. Bennett

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: Agency for International Development

PHONE NUMBER: 712-4028

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.)

_____ 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. AMBASSADOR RICHARD SEZIBERA

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: _____

ORGANIZATION: EMBASSY OF RWANDA

PHONE NUMBER: (202) 232-2882

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.

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.)

_____ 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. Outterson

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

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 -2666

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.

PEACE CORPS

Facsimile Transmission Cover Sheet

Date: 1/18/00

To: Office of National AIDS Policy

From: Beth Outterson

Receiver's Fax Number (202) 456-2438

Sender's Fax Number (202) 692-2601 or 692-2651

Office Phone Number (202) 692-2666

Number of Pages in Transmission: 2

Urgent Message: Yes ✓ No ____

Subject:

1111 20TH STREET, NW WASHINGTON, D.C. 20526

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. Derryck

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Agency for International Development

PHONE NUMBER: (202) 712-0500

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.)

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. HILTON

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: NATIONAL ASTHMA CAMPAIGN/ COMMISSION ON AIDS, INC

PHONE NUMBER: 212.614.0023
917.536.1776

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.

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. Field

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

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 2658

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. TURNER

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: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: 202 712 1190

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.)

_____ 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. 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.

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.)

_____ 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. CZYRKA

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: ACCENTURE

PHONE NUMBER: 847-714-3274

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.)

_____ 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. AMARASINGHAM

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TvT Associates

PHONE NUMBER: (202) 842-2939 ext 122

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 12 ~~5:00~~ P.M., ~~WEDNESDAY, JANUARY 17.~~ Thursday Jan 18th

SS 1/19

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. Lee

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Crowell & Moring Law Offices

PHONE NUMBER: 202/ 363-0273

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 12 ~~5:30~~ P.M., ~~WEDNESDAY, JANUARY 17~~. Thursday Jan 18

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. Rafiu

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: Department of Labor

PHONE NUMBER: 202-691-6963

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 12 ~~5:00~~ P.M., ~~WEDNESDAY, JANUARY 17~~. Thursday Jan 18

THE SYNERGY PROJECT

ADDING VALUE TO INTERNATIONAL HIV/AIDS PREVENTION & CARE

Facsimile Transmission

To: Cheryl Barnes

Phone: 2

Fax #: 202-456-7438

Re: _____

From: TVT

Phone: (202) 842-2939 ext. _____

Fax: (202) 842-7646

Email: synergy@tvtassociates.com

Date: 1/18/01

Pages (5 **) including cover page**

COMMENTS:

TvT ASSOCIATES

1101 Vermont Avenue, NW • Suite 900 • Washington DC • 20005 • (202) 842-2939

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. Harrel

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: TVT / Synergy Project

PHONE NUMBER: 202- 842-2939 #112

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 12:~~5:00~~ P.M., ~~WEDNESDAY~~ Thursday, JANUARY ~~17~~ 18.

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. Drouin

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: State Department

PHONE NUMBER: 202-647-0252

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.)

_____ 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. SCHNEIDMAN

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: STATE

PHONE NUMBER: 647-1818

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.)

_____ 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. DUMONT

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: [redacted] (b)(6)

ORGANIZATION: US DEPT OF STATE

PHONE NUMBER: 202-663-1611

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. LEE

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

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 x115

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.

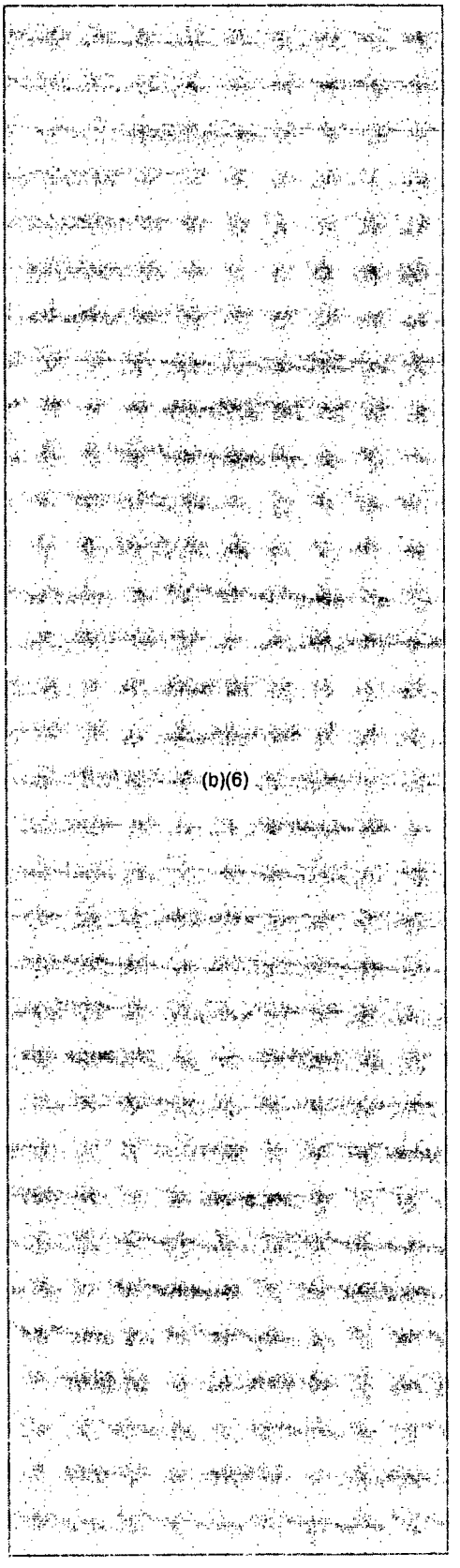
THIS INVITATION IS NON-TRANSFERABLE.

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

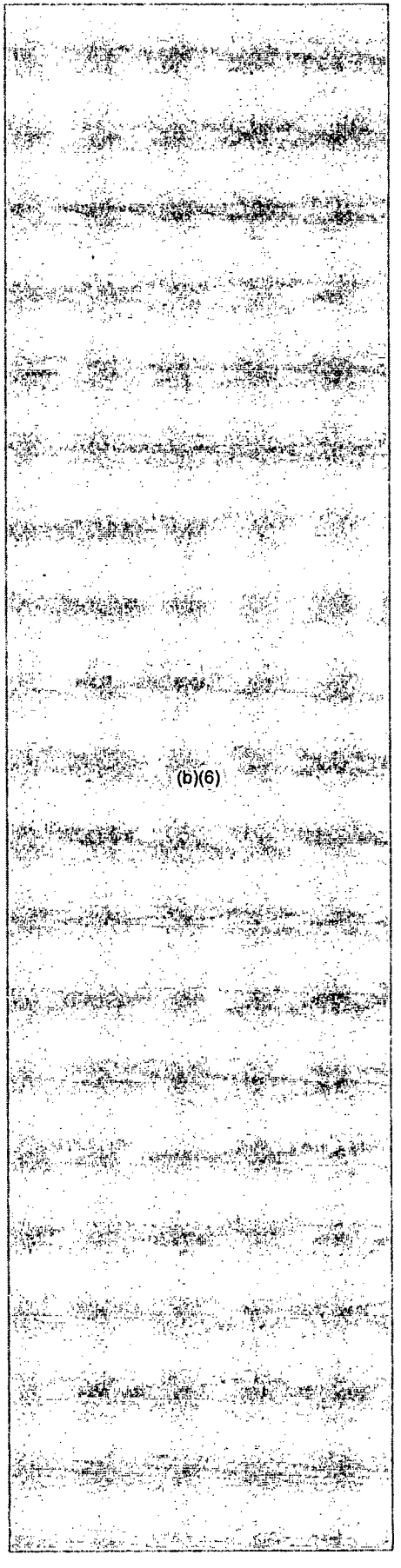
CLOSED for Thursday 6:00 pm 4/4 CACB

— PSCOT needed

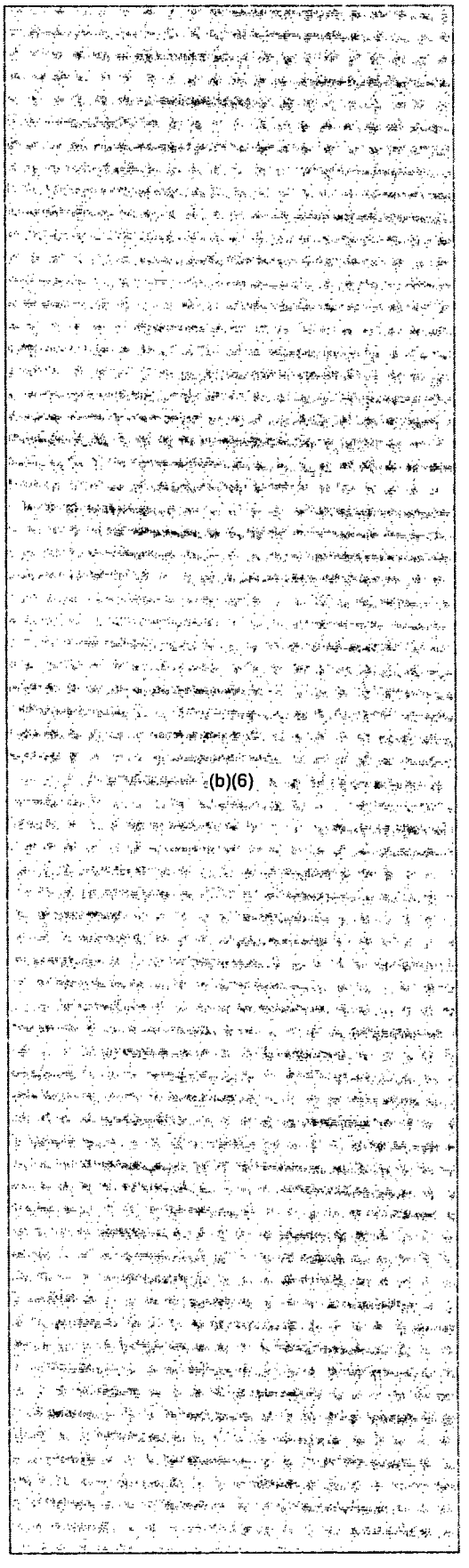
ADASHEK, JONATHAN
ALBERT, MARC
AMBROSE, MICHAEL
ANASTASI, MARIE
ANDERSON, TERJE
ARNOLD, WILLIAM
BAKER, CORNELIUS
BARTH, ERIKA
BASILE, VICTOR
BENNETT, BARBARA
BERG, ROBERT
BERMAN, JOHN
BHATT, PAURVI
BLACKWELL, CHARLES
BOURASSA, VIRGINIA
BRAUN, KRISTIN
BROWN, CATHERINE
BROWN, CATHY
CARR, KATHLEEN
CARSON, 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



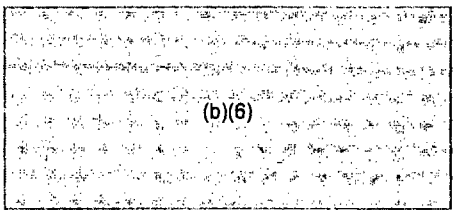
FOOTE, MELVIN
FOWLER, CLEARANCE
GAIST, PAUL
GAMBRELL, ALAN
GETSON, ALAN
GILLESPIE, DUFF
GILMAN, JOHN
GOMEZ, MICHAEL
GOOSBY, ERIC
GOTTEMOELLER, MEGAN
GREEN, KIMBERLY
HANEN, LAURA
HARRIS, WILLIAM
HARTSOCK, PETER
HARVEY, DAVID
HEART, LINDA
HERZOG, MARK
HILTON, PHILIP
HOLLOWAY, JOAN
ILVES, ANDREW
ISSAC, 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



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



WATTS, LYDIA
WIGGINS, JAMES
ZAKE, FLORENCE
ZEWDIE, DEBREWORK



THE WHITE HOUSE
WASHINGTON

Babette
Lashaun
54339

WAVES
66742

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	2019
CONNECTION TEL	55349
CONNECTION ID	USSS WAVES CENTE
ST. TIME	01/18 17:27
USAGE T	00'29
PGS.	1
RESULT	OK

Sorry about the fax – unfortunately, our lotus notes system is not working. If possible please acknowledge receipt. THANK YOU!

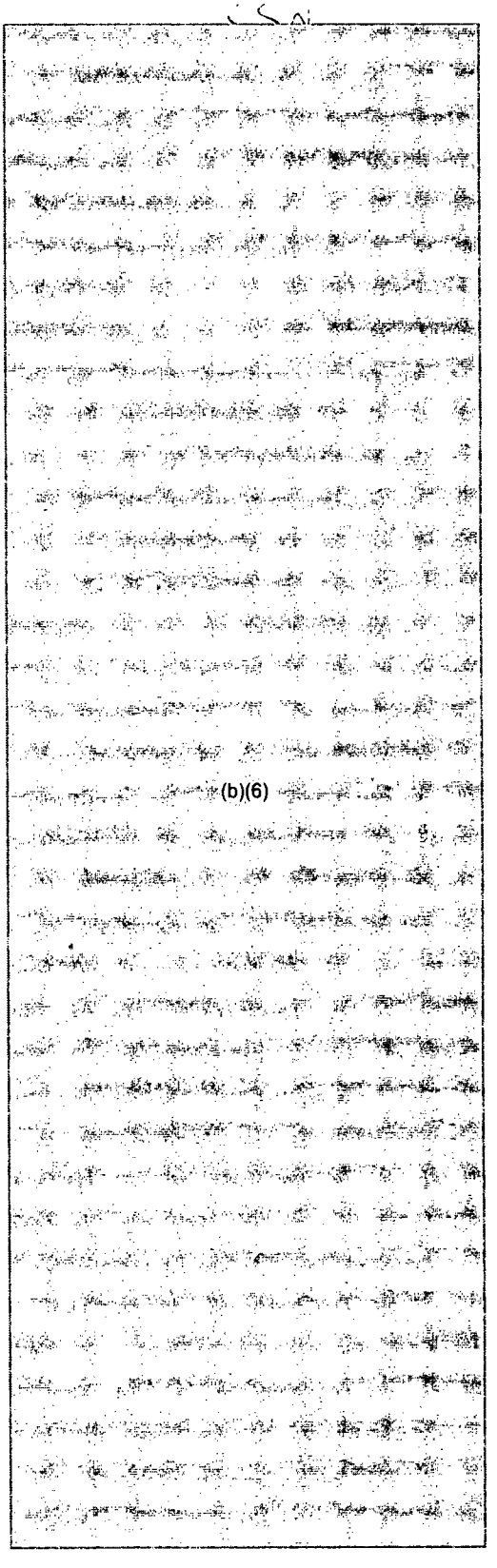
Waves Request (lotus notes unavailable)
U no. U70037 (combined with)
Appt. Time – 6:00PM, Jan. 19, 2001
Location – Indian Treaty Room (474), OEOB
Requestor: Matthew Murguia
Extension – 5-1449

Last Name	First Name	DOB	Soc. Sec.
Amarasingham	Saha		
Lee	Yolanda		
Rafiu	Wakena		
Harrel	Tanya		
Druin	Philip		
Schneidman	Witney		
Dumont	Cedric	(b)(6)	
Lee	Karen		
Ayenew	Mesfin		
Alemayehou	Mimi		
Kidane	Rachel		
Gobena	Mr. Thomas		
Marshall	Wayne		

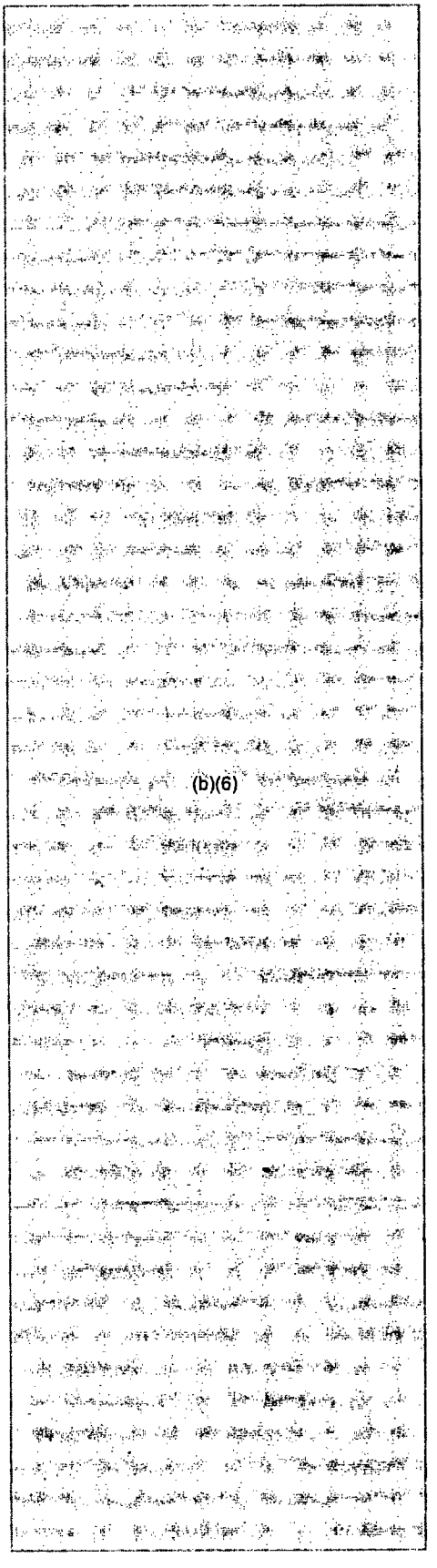
CLEARED FOR 600 pm. Thursday 474 OEOB

— escort needed

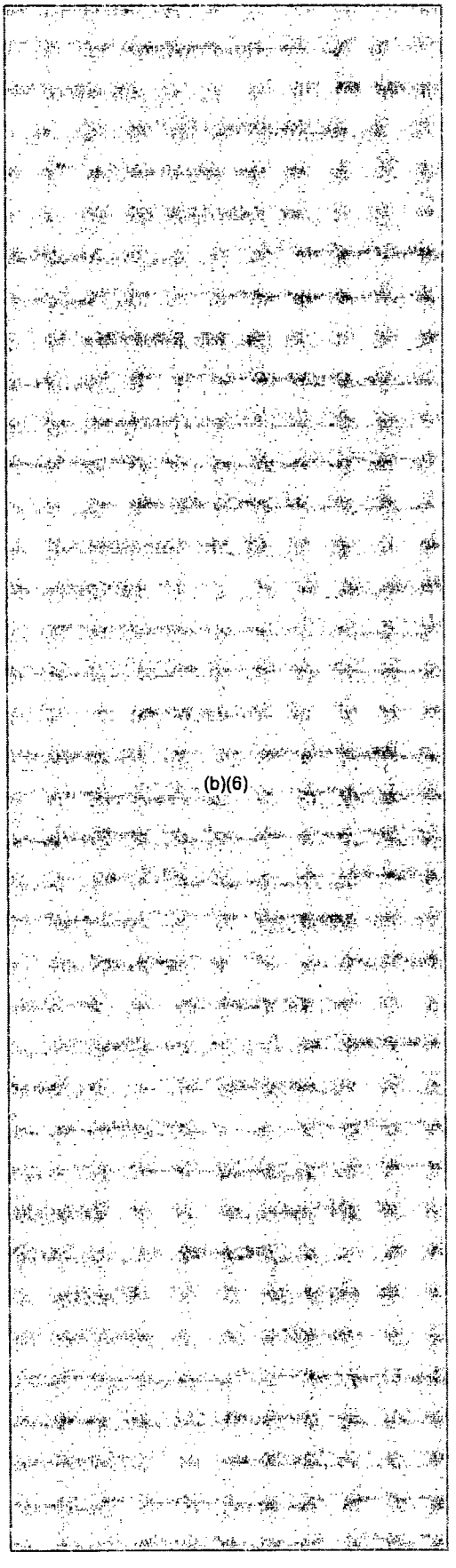
ADASHEK, JONATHAN
ALBERT, MARC
AMBROSE, MICHAEL
ANASTASI, MARIE
ANDERSON, TERJE
ARNOLD, WILLIAM
BAKER, CORNELIUS
BARTH, ERIKA
BASILE, VICTOR
BENNETT, BARBARA
BERG, ROBERT
BERMAN, JOHN
BHATT, PAURVI
BLACKWELL, CHARLES
BOURASSA, VIRGINIA
BRAUN, KRISTIN
BROWN, CATHERINE
BROWN, CATHY
CARR, KATHLEEN
CARSON, 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



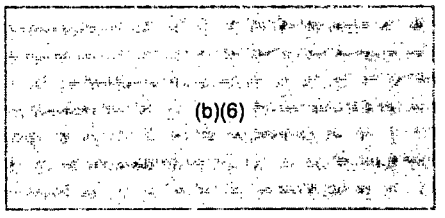
FOOTE, MELVIN
FOWLER, CLEARANCE
GAIST, PAUL
GAMBRELL, ALAN
GETSON, ALAN
GILLESPIE, DUFF
GILMAN, JOHN
GOMEZ, MICHAEL
GOOSBY, ERIC
GOTTEMOELLER, MEGAN
GREEN, KIMBERLY
HANEN, LAURA
HARRIS, WILLIAM
HARTSOCK, PETER
HARVEY, DAVID
HEART, LINDA
HERZOG, MARK
HILTON, PHILIP
HOLLOWAY, JOAN
ILVES, ANDREW
ISSAC, 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



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



WATTS, LYDIA
WIGGINS, JAMES
ZAKE, FLORENCE
ZEWDIE, DEBREWORK



****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	2019
CONNECTION TEL	55349
CONNECTION ID	USSS WAVES CENTE
ST. TIME	01/18 17:27
USAGE T	00'29
PGS.	1
RESULT	OK

Sorry about the fax – unfortunately, our lotus notes system is not working. If possible please acknowledge receipt. THANK YOU!

Waves Request (lotus notes unavailable)
U no. U70037 (combined with)
Appt. Time – 6:00PM, Jan. 19, 2001
Location – Indian Treaty Room (474), OEOB
Requestor: Matthew Murguia
Extension – 5-1449

Last Name	First Name	DOB	Soc. Sec.
Amarasingham	Saha	[redacted]	
Lee	Yolanda		
Rafiu	Wakena		
Harrel	Tanya		
Druin	Philip		
Schneidman	Witney		
Dumont	Cedric	(b)(6)	
Lee	Karen		
Ayenew	Mesfin		
Alemayehou	Mimi		
Kidane	Rachel		
Gobena	Mr. Thomas		
Marshall	Wayne		

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.)

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. SPADACINI

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

DATE OF BIRTH: (b)(6)

COUNTRY OF ORIGIN IF NOT U.S. CITIZEN: Italy - US permanent Resident

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: PLAN International

PHONE NUMBER: (703) 807 - 1264

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.

RECEPTION RESPONSE FORM

YES 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.)

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. SIEMENS

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

DATE OF BIRTH: [redacted](b)(6)

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

SOCIAL SECURITY NUMBER: [redacted](b)(6)

ORGANIZATION: FAMILY HEALTH INTERNATIONAL (FHI)

PHONE NUMBER: 919-544-7040, Ext. 304

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.

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.)

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. LUCAS

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: AFRICARE

PHONE NUMBER: 202-462-3614

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.

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. FOOTE

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: [redacted] (b)(6)

ORGANIZATION: Constituency for Africa

PHONE NUMBER: 202 371-0588

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. De Sole

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: [redacted] (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: (202) 219-0485

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.)

_____ 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-PERLA

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: USAID

PHONE NUMBER: (202) 712-4626

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. Milan, Jr.

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: [redacted] (b)(6)

ORGANIZATION: National Prevention Information Network

PHONE NUMBER: 301-562-1004

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. CASTLE

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: USA

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: POPULATION COUNCIL

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 P.M 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. RUTENBERG

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

DATE OF BIRTH: [redacted] (b)(6)

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

SOCIAL SECURITY NUMBER: [redacted] (b)(6)

ORGANIZATION: POPULATION COUNCIL

PHONE NUMBER: 202·237·9405

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. TOWNSEND

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: POPULATION COUNCIL

PHONE NUMBER: 202 · 237 · 9413

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. PULERWITZ

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

DATE OF BIRTH: (b)(6)

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

SOCIAL SECURITY NUMBER: (b)(6)

ORGANIZATION: POPULATION COUNCIL

PHONE NUMBER: 202.237.9411

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.