

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 21073

FolderID:

Folder Title:

11/5/1997 Delaware

Stack:

S

Row:

67

Section:

1

Shelf:

1

Position:

2

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	07/16/1998	b(6)
002. invoice	re: American Express Travel (Personal credit card number) (1 page)	10/29/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

11/5/1997 Deleware

2018-0764-F

jm2166

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	07/16/1998	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

11/5/1997 Delaware

2018-0764-F

jm2166

RESTRICTION CODES

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- P1 National Security Classified Information [(a)(1) of the PRA]
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TRAVEL VOUCHER <i>(Read Privacy Act Statement on the back)</i>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE OPD		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. XD8A0008	
						4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) THURMAN, SANDRA L. [001]				b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 11/05/97 b. TO 11/05/97	
c. MAILING ADDRESS (Include ZIP Code) OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502				d. OFFICE TELEPHONE NO. 632-1090		7. TRAVEL AUTHORIZATION a. NUMBER(S) XD8A0008 b. DATE(S) 07/16/98	
e. PRESENT DUTY STATION WASHINGTON, DC				f. RESIDENCE (City and State) Washington, DC		10. CHECK NO.	
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT			
a. Outstanding				a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be applied							
c. Amount due Government (Attached ☐ Check ☐ Cash)				c. PAYEE'S SIGNATURE			
D. Balance outstanding							
11. PAID BY							

12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)		I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ <i>Traveler's Initials</i>					
	AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
1112339287	94.00			08/29/97	UnionStation	Wilmington	

COMMENTS:
 Traveler was not in Delaware long enough to receive per diem. Net to traveler remains at 0.00.

13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		DATE		AMOUNT CLAIMED	
TRAVELER SIGN HERE ▶				0.00	

NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; I.d. 1001).

14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)			17. FOR FINANCE OFFICE USE ONLY		
APPROVING OFFICIAL SIGN HERE ▶ DATE			COMPUTATION		
			a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's Initials:		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	0.00		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT			d. NET TO TRAVELER ▶ \$ 0.00		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE					

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self explanatory)</i>										Complete this information if this is a continuation sheet.	
	<i>Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)</i>										PAGE <u>2</u> OF <u> </u> PAGES	
	<i>Complete only for actual expense travel</i>										TRAVEL AUTHORIZATION NO. XD8A0008	
	<i>Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.</i> <i>(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).</i> <i>(i) Complete for per diem and actual expense travel.</i> <i>(j) Show total subsistence expense incurred for actual expense travel.</i> <i>(m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.</i> <i>(n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.</i>										TRAVELER'S LAST NAME THURMAN	

DATE 97 19	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: 0.000 NO. OF MILES	AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE		MILEAGE	SUBSISTENCE	OTHER
			BREAK-FAST	LUNCH	DINNER	TOTAL							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
11/05	7:30A	D--:Washington, DC											
11/05		:			Train fare								
11/05	9:03A	A--:WILMINGTON, DE											
11/05	3:59P	D--:WILMINGTON, DE											
11/05	3:59P	A:Washington, DC											
										</			

If additional space is required, continue on another 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil,	criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.	Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form. TOTAL AMOUNT CLAIMED 0.00
--	---	---

DOCUMENT IS HEAT SENSITIVE -
Do not expose to prolonged periods of excessive heat or light

87 3428 2004
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

KC55XD8A0008

PASSENGER RECEIPT

1695000023 0028365 A47
~~XXXXXXXXXX~~

ISSUED BY

AMTRAK

NAME OF ISSUING AGENT

AMERICAN EXPRESS

NAME OF PASSENGER

THURMAN/SANDRA

XO

FROM

NOT VALID FOR

XO

TO

**TRANSPORTATION*

ENDORSEMENTS/RESTRICTIONS

AMTRAK-RAIL SERVICE-AMTRAK

1FULL

FP AX378380642241004* 1299/ C 874878

FC RR323657 3021 1RIDER RF 94.00AC

OGM 47.00WILWAS/FOGM 47.00GOVT BUSINESS TVL

FARE

USD 94.00

TAX

EXEMPT

TAX

TOTAL

USD 94.00

EQUIV. FARE PD

STOCK CONTROL NO. TX 000 CK

42593707726

ARC

FLIGHT
COUPON

XXXXX

TOUR CODE

PLACE OF ISSUE

AGENT CODE

A09910935

DATE OF ISSUE

29 OCT 97

6 0011/

KC52*47

ISSUING AGENT ID

1695000023

0028365

A47

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NAME OF PASSENGER

THURMAN/SANDRA

FROM

WAS

XWIL A3 56 CF05NOV1CF0COACH

TO WAS A3 115 CF05NOV1CF0COACH

NOT VALID FOR TRAVEL

0 554 1112339287 0

AA09910935

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IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FOR ANY
ENTIRE OTHER THAN THE ISSUING CARRIER UNTIL THE CARRIER HAS
ADVISED OTHERWISE

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002. invoice	re: American Express Travel (Personal credit card number) (1 page)	10/29/1997	b(6)
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COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:

11/5/1997 Deleware

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment
(Show items amended)
- ☐ Invitational ☐ Relocation
(Non EOP Employees Only)

2. Traveler (First name, middle initial, last name)

Sandra L. Thurman

3. Title of Traveler

Director

4. AGENCY/DIVISION

Office of National AIDS Policy

5. Office Phone

632-1090

6. Official Duty Station

808 17th St. NW

7. ☒ Per Diem

- ☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Morning Meeting with Dupont Merck, Local Press Conference,
and Luncheon Keynote Speaker at the Delaware HIV Consortium

DATE(S): Travel Begin On 11 /05 /97 Travel End On 11 /05 /97

ITINERARY: Point of Origin (City, State) Washington DC

Place(s) of Official Visitation (City, State) Wilmington Delaware

Point of Return (City, State) Washington DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
x				

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 38.00
Transportation	94.00
Rental Car	
Miscellaneous	
TOTAL	\$ 132.00

11. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
- ☐ Commercial Rental Car
- ☐ Excess Baggage not to exceed _____
- ☐ Other (Please identify) _____

12. ADVANCE REQUESTED \$
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

14(a) Requested by

Sandra L. Thurman

15. Accounting data (Appropriation, division, project, vendor number)

1182200 J108E

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)

Chris F. Staff
Domestic Policy Council

16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

Amely Rames

17. Date

October 28, 1997

18. Travel Authorization No.

XD870008

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment
(Show items amended)
- ☐ Invitational ☐ Relocation
(Non-EOP Employees Only)

2. Traveler (First name, middle initial, last name)

Sandra L. Thurman

3. Title of Traveler

Director

4. AGENCY/DIVISION

Office of National AIDS Policy

5. Office Phone

632-1090

6. Official Duty Station

806 17th St. NW

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Morning Meeting with Dupont Merck, Local Press Conference,
and Luncheon Keynote Speaker at the Delaware HIV Consortium

DATE(S): Travel Begin On 11/05/97

Travel End On 11/05/97

ITINERARY: Point of Origin (City, State) Washington DC

Place(s) of Official Visitation (City, State) Wilmington Delaware

Point of Return (City, State) Washington DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$ 38.00

Transportation

94.00

Rental Car

Miscellaneous

TOTAL

\$ 132.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED \$
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

14(a) Requested by

15. Accounting data (Appropriation, division, project, vendor number)

1182200 J1085

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)

16. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

17. Date

October 28, 1997

18. Travel Authorization No.

X08/10008

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

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(Show items amended)
- ☐ Invitational ☐ Relocation
(Non EOP Employees Only)

2. Traveler (First name, middle initial, last name)

Sandra L. Thurman

3. Title of Traveler

Director

4. AGENCY/DIVISION

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5. Office Phone

632-1090

6. Official Duty Station

808 17th St. NW

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Morning Meeting with Dupont Merck, Local Press Conference,
and Luncheon Keynote Speaker at the Delaware HIV Consortium

DATE(S): Travel Begin On 11/05/97

Travel End On 11/05/97

ITINERARY: Point of Origin (City, State) Washington DC

Place(s) of Official Visitation (City, State) Wilmington Delaware

Point of Return (City, State) Washington DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$ 38.00

Transportation

94.00

Rental Car

Miscellaneous

TOTAL

\$ 132.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

(meals and miscellaneous expenses only)

\$

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

14(a) Requested by

15. Accounting data (Appropriation, division, project, vendor number)

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)

**16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)**

17. Date

October 28, 1997

18. Travel Authorization No.

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

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(Show items amended)
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(Non EOP Employees Only)

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Office of National AIDS Policy

5. Office Phone

632-1090

6. Official Duty Station

808 17th St. NW

- 7.** ☒ Per Diem
☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: Morning Meeting with Dupont Merck. Local Press Conference.
and Luncheon Keynote Speaker at the Delaware HIV Consortium.

DATE(S): Travel Begin On 11 09 97 Travel End On 11 09 97

ITINERARY: Point of Origin (City, State) Washington DC

Place(s) of Official Visitation (City, State) Wilmington Delaware

Point of Return (City, State) Washington DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
%				

‡ First Class must have approval of Agency Head or Deputy

(b) Privately Owned Vehicle

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *
			☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence	\$ 38.00
Transportation	\$4.00
Rental Car	
Miscellaneous	
TOTAL	\$ 132.00

11. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
- ☐ Commercial Rental Car
- ☐ Excess Baggage not to exceed _____
- ☐ Other (Please identify) _____

12. ADVANCE REQUESTED \$
(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

14(a) Requested by

15. Accounting data (Appropriation, division, project, vendor number)

**14(b) I certify that the travel herein was reviewed and determined
to be essential for the accomplishment of agency programs
and missions**

Approval Official (Signature and Title)

**16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)**

17. Date

October 25, 1997

18. Travel Authorization No.

Dupont Merck, Breakfast Meeting
Local Press Conference
Delaware HIV Consortium
'Creating Out Common Vision: Future Challenges, Shared Responsibility'
Wednesday, November 5
POCs: Dupont Merck, Sandra Kingsberry @ 302-892-1306
Shipley Associates, Danielle Norton @ 302 652-3051
Delaware HIV Consortium, Kevin @ 302 654-5471

I. PURPOSE

Your breakfast meeting with representatives from Dupont Merck is set up to discuss their new drug Sustiva, which you have information about in the folder. The representatives are Sandra Kingsberry, Manager, Public Affairs, Laurent Fischer, VP of Virology, and Paul Howes, CEO of Dupont Merck. Bios for Laurent Fischer and Paul Howes are also included in the folder. Sandra Kingsberry will be your transportation from the train station to breakfast and eventually to the Holiday Inn for the Press Conference and Forum.

The local press conference is being handled by Shipley Associates, Danielle Norton. She will meet you at the Holiday Inn in order to take you through it. It should be a very small group and we have been told that they don't usually delve into anything too controversial. Press packets have been sent in advance.

Your keynote speech at the Delaware HIV Consortium's Forum on HIV/AIDS will be introduced by Mayor Sills during their luncheon session.

II. Background

A. The Forum

Delaware ranks seventh in the nation for reported AIDS cases, and their infected and affected populations continue to grow rapidly. Each year, in an effort to raise public awareness and facilitate provider and consumer education, the Delaware HIV Consortium and the Delaware Division of Public Health host a statewide HIV/STD Conference. Experts from across the country will present lectures on a variety of HIV/STD related topics including: New treatments for HIV, Ethics and access of HIV Care, Women and HIV, New Approaches to HIV/STD Prevention, and HIV Prevention in Minority Communities.

B. Delaware and Delaware HIV Consortium

Included in your folder are Delaware's HIV stats.

III. Congressional and Public Officials/Other Speakers

Opening the Conference are: Tom Carper, Governor, Ruth Ann Minner, Lt. Governor, Carmen Nazario, Sect. of Health and Human Services, Dr. Gregg Sylvester, Dir. Of Public Health, Jim Sills, Wilmington Mayor, Tom Gordon, New Castle County Executive. Other speakers include Marsha Martin and John Bartlett (see attached agenda).

IV. The Audience/Participants

The Conference attracts 500 service providers, government officials, civic leaders, people with HIV,

medical professionals, and other interested community members from around the region. Major corporate sponsors include: Dupont Pharma, Merck Pharmaceuticals, Glaxo Wellcome Pharmaceuticals, Janssen Pharmaceutical, Abbot Laboratories, Agouron Pharmaceutical, and Bristol-Myers Squibb.

V. Itinerary

- 7:30 - 9:03 AM Depart Union Station en route to Wilmington, DE
Amtrak train #56, Conf. #A3323657 -Unassigned seating
- Meet Sandra Kingsberry in the lobby of the train station for transportation to breakfast and eventually to the hotel. She is a small brunette and knows what you look like. She also has your schedule and will get you to the Press Conference on time.
- 9:03 - 10:45 AM Breakfast meeting with Dupont Merck, re: drug Sustiva (see Sustiva folder)
- 10:45 - 11:00 Small, local Press Conference
Wilmington Holiday Inn, Downtown
700 King Street, Wilmington
- 12:00 - 1:30 PM **Luncheon Keynote Speaker (12:30)**
Wilmington Holiday Inn
Introduction by Wilmington Mayor Sills
- Keith Cherry from the Delaware HIV Consortium will arrange for your transportation back to the train station.
- 2:32 - 3:59 PM Depart Wilmington, DE en route to Union Station
Amtrak train #115, Conf. #A33223657 -Unassigned Seating