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:

Subseries:

OA/ID Number: 21073

FolderID:

Folder Title:
7/12/1998 - 7/13/1998 San Francisco

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	1	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)	07/06/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
7/12/1998 - 7/13/1998 San Francisco

2018-0764-F
jm2184

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. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	07/06/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

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FOLDER TITLE:
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jm2184

RESTRICTION CODES

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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]

TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE: OPD

2. TYPE OF TRAVEL: [X] TEMPORARY DUTY [ ] PERMANENT CHANGE OF STATION

3. VOUCHER NO.: TA003103

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 07/12/98 b. TO 07/13/98

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) TA003103 b. DATE(S) 07/06/98

e. PRESENT DUTY STATION: WASHINGTON, DC

f. RESIDENCE *(City and State)*: Washington, DC

10. CHECK NO.:

8. TRAVEL ADVANCE

a. Outstanding: 0.00

b. Amount to be applied: 0.00

c. Amount due Government *(Attached [ ] Check [ ] Cash)*:

D. Balance outstanding:

9. CASH PAYMENT RECEIPT

a. DATE RECEIVED:

b. AMOUNT RECEIVED: $

c. PAYEE'S SIGNATURE:

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) ▶ *Traveler's Initials*

	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)	POINTS OF TRAVEL TO (f)
1168316607	523.00			06/10/98	IAD-Washingt	SFO-San Fran

COMMENTS:
Traveler returned a day earlier than was stated on original authorization. Return on travel itinerary is a later flight than was taken - arrival and departure times on voucher are correct.

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.

TRAVELER SIGN HERE ▶ Sandra L Thurman DATE AMOUNT CLAIMED ▶ 256.80

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).)*

APPROVING OFFICIAL SIGN HERE ▶ DATE

17. *FOR FINANCE OFFICE USE ONLY* COMPUTATION

a. DIFFERENCES, IF ANY *(Explain and show amount)*:

15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION

a. VOUCHER NO.: b. D.O. SYMBOL: c. MONTH & YEAR:

b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION *Certifier's Initials:*

16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ DATE

c. APPLIED TO TRAVEL ADVANCE *(Appropriation symbol)*: 0.00

d. NET TO TRAVELER ▶ $ 256.80

18. ACCOUNTING CLASSIFICATION

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER *(Unlisted items are self explanatory)*

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.)

Complete only for actual expense travel

- *Col. (d) thru (g)* Show amount incurred for each meal, including tax and tips, and daily total meal cost.
- *(h)* Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).
- *(i)* Complete for per diem and actual expense travel.
- *(j)* Show total subsistence expense incurred for actual expense travel.
- *(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.
- *(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.

Complete this information if this is a continuation sheet. PAGE 2 OF PAGES

TRAVEL AUTHORIZATION NO. TA003103

TRAVELER'S LAST NAME THURMAN

DATE 19 98 (a)	TIME *(Hour and am/pm)* (b)	DESCRIPTION *(Departure/arrival city, per diem computation, or other explanation of expenses)* (c)	ITEMIZED SUBSISTENCE EXPENSES — MEALS: BREAKFAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	MILEAGE RATE: 0.000 NO. OF MILES (k)	AMOUNT CLAIMED — MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
07/12	5:30P	D-:Washington, DC											
07/12		:			Air fare								
07/12	7:47P	A-:SAN FRANSISCO/COUNTY,CA				31.50		120.00	151.50			151.50	
07/12		:			Taxi -Airport to H								27.00
07/12		Room Tax											16.80
07/13	2:50P	D-:SAN FRANSISCO/COUNTY,CA											
07/13	10:56P	A:WASHINGTON, DC											
07/13		Subsistence				31.50			31.50			31.50	
07/13		Taxi- Conf. to Airport											30.00
									SUBTOTALS ▶		0.00	183.00	73.80
									TOTALS ▶		0.00	183.00	73.80

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 ▶ 256.80

STANDARD FORM 1012 BACK (10-77)

DRAFT

CHEVRON UPDATE: AGENDA

9:00 - 9:15	Introductions	Pat Christen & Skip Rhodes
9:15 - 9:25	International EPI Overview	Sandy Thurman
9:25 - 9:40	Prevention Update/Vaccine Development	Tom Coates
9:40 - 10:00	Maternal-Child Transmission	Eric Goosby
10:00 - 10:15	Detuned Antibody Testing Applications & Implications	Sophia Chang
10:15 - 10:35	Efficacy of Combination Therapy	Paul Volberding
10:35 - 10:55	Adherence to Treatment	Steven Deeks
10:55 - 11:10	Side Effects of Protease Inhibitors	Ron Baker
11:10 - 11:30	Future of HIV Treatments: What's in the Pipeline?	Martin Delaney
11:30 - 11:45	Implications for HIV Care, Treatment & Prevention in San Francisco	Mitch Katz
11:45 - 12	Break -- Get Food!	
12:00 - 12:55	Working Lunch	Panel Questions & Answers
12:55 - 1:00	Close	Pat Christen

Chevron

June 18, 1998

Chevron Corporation
Public Affairs
575 Market Street
San Francisco, CA 94105-2856

Skip Rhodes
Manager, Corporate
Contributions and Programs
Phone 415 894 5464
Fax 415 894 5447

SAMPLE INVITATION

#600

I am pleased to invite you to an important presentation on the most recent developments in HIV/AIDS and their impact on San Francisco. Chevron and the San Francisco AIDS Foundation are once again joining forces to bring the findings of the 12th International Conference on AIDS (which will be held June 30 - July 3, 1998 in Geneva Switzerland) back to our community. This update will take place on **Monday, July 13, 1998**. Sandra Thurman, Director of the Office of National AIDS Policy, will be speaking, as will several prominent AIDS researchers and physicians.

It is Chevron's pleasure to host this gathering. The program will begin at **9:00 am** in the San Francisco Room on the 2nd Floor at **555 Market Street**. The program will conclude with a light lunch ending at **1pm**. Please return the enclosed RSVP form to the San Francisco AIDS Foundation by Friday, July 3. Space is limited, and we will close attendance on a first-come, first-served basis.

I appreciate how tight your schedule is; however, this presentation will provide timely and concise answers to many of your questions about the current state of the epidemic and where it is headed. HIV issues are rapidly changing, but, unfortunately, they are not going away any time soon. Chevron remains committed to fighting HIV/AIDS. I believe that the business and philanthropic communities must continue as critical partners in this battle. Information has been one of our most important tools and Chevron is pleased to facilitate this process. I look forward to seeing you on July 13th.

Sincerely,

SKIP

Enclosure

THE 12TH INTERNATIONAL CONFERENCE ON AIDS

Update and Luncheon

for

San Francisco's

Business and Foundation Leaders

Special Guest Speaker: Sandra Thurman

Director of the Office of National AIDS Policy

Hosts

CHEVRON CORPORATION

SAN FRANCISCO AIDS FOUNDATION

MONDAY, JULY 13, 1998

9:00 A.M. to 1:00 P.M.

Where:

CHEVRON CORPORATION

555 MARKET STREET - 2ND FLOOR

SAN FRANCISCO, CA

(see map and parking information on reverse)

❑ Attending update

❑ I will be unable to attend but please send me conference materials

Name _____ Title _____

Company _____

Address _____

Phone Number _____

Please return this form by Monday, July 3, 1998 to Michael Sledge, Development Department, San Francisco AIDS Foundation—by fax at 415/487-3069 or by mail at 995 Market Street, Suite 200, San Francisco, CA 94103.

For more information, please call 415/487-3088. Please note that it will be necessary to register at the Chevron security desk upon arrival.

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 *(Non EOP Employees Only)* ☐ Relocation

2. Traveler *(First name, middle initial, last name)*: Sandra C. Thurman

3. Title of Traveler: Director

4. AGENCY/DIVISION: ONAP/OPD

5. Office Phone: 5-1441

6. Official Duty Station: 736 Jackson Place

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

8. TRAVEL INFORMATION

PURPOSE: Updating the San Francisco AIDS Community + AIDS Foundation on the 12th World Conference on AIDS in her official capacity (See invitation + attached agenda) Sitevisit + event w/ San Francisco AIDS Foundation Board members

DATE(S): Travel Begin On 7/12/98 Travel End On 7/14/98

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

Place(s) of Official Visitation *(City, State)*: San Francisco, California

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	$105/240 = 345
Transportation	523
Rental Car	—
Miscellaneous	—
TOTAL	$ 868 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: Deputy Director

15. Accounting data *(Appropriation, division, project, vendor number)*: 11822000J108E

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)*: Audrey Raines

17. Date: 7/8/98

18. Travel Authorization No.: ~~TA00 3103~~ XD8A 001

OA FORM 22
REVISED FEBRUARY 1993

ORIGINAL (RETURN WITH TRAVEL VOUCHER)

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

1. TYPE OF AUTHORIZATION

- [x] TDY
- [ ] Amendment *(Show items amended)*
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Relocation

2. Traveler *(First name, middle initial, last name)*
Sandra L Kaufman

3. Title of Traveler
Director

4. AGENCY/DIVISION
OMB/OA

5. Office Phone
5-1441

6. Official Duty Station
726 Jackson Place

7.
- [x] Per Diem
- [ ] Actual Subsistence *(unusual circumstances)**
Rate(s):

8. TRAVEL INFORMATION

PURPOSE: [illegible]

DATE(S): Travel Begin On 7/12/98 Travel End On 7/14/98

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

Place(s) of Official Visitation *(City, State)* [illegible]

Point of Return *(City, State)* Washington DC

9. MODE OF TRAVEL

(a) Commercial Transportation

Rail: Coach	Rail: Extra Fare*	Air: Coach Tourist	Air: Business *	Air: 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	$110/240 = 345
Transportation	523
Rental Car	
Miscellaneous	
TOTAL	$ 868

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
[illegible]

15. Accounting data *(Appropriation, division, project, vendor number)*
1182200J108L

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)*
[illegible]

17. Date
7/8/98

18. Travel Authorization No.
~~T[illegible]~~ X08A001

OA FORM 22
REVISED FEBRUARY 1993

ADVANCE OF FUNDS

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 *(Non EOP Employees Only)* ☐ Relocation

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: _____

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

ITINERARY: Point of Origin *(City, State)* _____

Place(s) of Official Visitation *(City, State)* _____

Point of Return *(City, State)* _____

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	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

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

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

FUNDS MANAGER

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 *(Non EOP Employees Only)* ☐ Relocation

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

3. Title of Traveler

4. AGENCY/DIVISION

5. Office Phone

6. Official Duty Station

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

8. TRAVEL INFORMATION

PURPOSE: _____

_____

DATE(S): Travel Begin On ___/___/___ Travel End On ___/___/___

ITINERARY: Point of Origin *(City, State)* _____

Place(s) of Official Visitation *(City, State)* _____

_____

Point of Return *(City, State)* _____

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	$
Transportation	
Rental Car	
Miscellaneous	
TOTAL	$

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

18. Travel Authorization No.

OA FORM 22
REVISED FEBRUARY 1993

TRAVELER'S COPY

Sandra L. Thurman, Director
Office of National AIDS Policy
San Fransisco, California
July 12 - 14, 1998

Itinerary

Sunday, July 12th

4:00 - 4:40 PM	Car pick up from 736 en route Dulles Airport, United Airlines
5:30 - 7:47 PM	United Airlines Flight #205, Seat 40E (aisle/dinner) Departing Washington Dulles en route San Fransisco, North Terminal
Transportation:	
Hotel:	Hotel Milano 55 5th Street San Fransisco P: (415) 543-8555 F: (415) 543-5885

Monday, July 13th

555 Market Street
San Fransisco Room, 2nd Floor

9:00 - 9:15 AM	Introductions	Pat Christen & Skip Rhodes
9:15 - 9:25 AM	International EPI Overview	Sandy Thurman
9:25 - 9:40 AM	Prevention/Vaccine Update	Tom Coates
9:40 - 10:00 AM	Maternal-Child Transmission	Eric Goosby
10:00 - 10:15 AM	Detuned Antibody Testing Applications & Implications	Sophia Chang
10:15 - 10:35 AM	Efficacy of Combination Therapy	Paul Volderding
10:35 - 10:55 AM	Adherence to Treatment	Steven Deeks
10:55 - 11:10 AM	Side Effects of Protease Inhibitors	Ron Baker
11:10 - 11:30 AM	Future of HIV Treatments: What's in the Pipeline?	Martin Delaney

11:30 - 11:45 AM	Implications for HIV Care, Treatment, Treatment & Preventioin in San Fran	Mitch Katz
11:45 - 12:00 PM	Break - - Get Food	
12:00 - 12:55 PM	Working Lunch	Panel Questions & Answers
12:55 - 1:00 PM	Close	Pat Christen

10:00 PM — United Airlines Flight #206, seat assigned at gate
Departing San Fransisco, North Terminal en route Washington Dulles

July 14th

5:56 AM	Arriving Washington Dulles
5:56 AM	Car return to 736 Jackson Place

Contacts

Pat Christen	(415) 487-3000
Debra White, SFAF	(415) 487-3054
Sarah	(202) 588-5476 (home)/(202) 395-1441 (office)