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:
10/6/1998 North Dakota

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)	09/29/1998	b(6)
002. form	re: Travel authorization [Personally Identifiable Information] [partial] (2 copies) (2 pages)	09/29/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21073

FOLDER TITLE:
10/6/1998 North Dakota

2018-0764-F
jm2190

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]
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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)	09/29/1998	b(6)

COLLECTION:
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TRAVEL VOUCHER

(Read Privacy Act Statement on the back)

1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL	3. VOUCHER NO.
OPD	☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION	TA003714
		4. SCHEDULE NO.

5. a. NAME *(Last, first, middle initial)*	b. SOCIAL SECURITY NO.	6. PERIOD OF TRAVEL a. FROM	b. TO
THURMAN, SANDRA L. [001]	(b)(6)	10/06/98	10/06/98
c. MAILING ADDRESS *(Include ZIP Code)* OEOB, ROOM 145 MGT&ADMIN WASHINGTON, DC 20502	d. OFFICE TELEPHONE NO. 395-1441	7. TRAVEL AUTHORIZATION a. NUMBER(S) TA003714	b. DATE(S) 09/29/98
e. PRESENT DUTY STATION WASHINGTON, DC	f. RESIDENCE *(City and State)* Washington, DC	10. CHECK NO.	

8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		11. PAID BY
a. Outstanding	0.00	a. DATE RECEIVED	b. AMOUNT RECEIVED $	
b. Amount to be applied	0.00			
c. Amount due Government *(Attached ☐ Check ☐ Cash)*		c. PAYEE'S SIGNATURE		
D. Balance outstanding				

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)
1191235891	586.00			09/25/98	DCA-Washingt	Bismark, ND

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 11/20/98 AMOUNT CLAIMED ▶ 22.50

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 ▶ $ 22.50

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. TA003714

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)
10/06	6:40A	D-:Washington, DC											
10/06		:			Air fare								
10/06	10:23A	A-:ALL LOCATIONS,ND				22.50			22.50			22.50	
10/06	3:40P	D-:ALL LOCATIONS,ND											
10/06	9:44P	A:Washington, DC											
										SUBTOTALS ▶	0.00	22.50	0.00
										TOTALS ▶	0.00	22.50	0.00

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

Enter grand total of columns (l), (m) and (n), below and in Item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 22.50

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.

Sandra L. Thurman
Director
Office of National AIDS Policy
North Dakota, October 6, 1998
Partners in Prevention: A One Day Symposium on HIV/AIDS

6:00 AM	Car pick up from 736 Jackson Place en route National Airport
6:40 - 8:19 AM	Northwest Airlines Flight #1763, Seat 9C Departing Washington National en route Minneapolis, Main Terminal
9:02 - 10:23 AM	Northwest Airlines Flight #1803, Seat 8B Departing Minneapolis, Main Terminal en route Bismarck
Transportation	Annetta Sutton from the North Dakota AIDS Planning Committee will be meeting you at the gate. Travel time to the Conference: 15 minutes.
11:15 - 12:30 PM	Luncheon Roundtable format where each guest will have a question prepared for you. This shouldn't be something to be worried about - the audience is considered very conservative. *The list of attendees, along with their association, is included in your folder.*
12:30 - 1:30 PM	Keynote speaker 15 minutes. The Conference organizers are looking for a national perspective, though somewhat conservative given the audience. They have just begun to accept the epidemic and are on the fringes of a dilemma. The statistics about the state are in your folder. They also mentioned the native American populations that surround them and the problems associated with their care. Audience will have about 300 people including: nurses, nursing students, teachers, social workers, clergy , PLWAs, peer educators, and HIV/AIDS advocates.
North Dakota basics	• 36 of its 53 counties are designated 'frontier' with less than 6 people per square mile • 4.6% of the population is Native American, with 9% of reported HIV infection in that population • Migrant farm workers are primarily Hispanic (working in the sugar beet fields from May - August) • Mostly rural, with the population having a lower perception of their risk for contracting HIV, tend to be diagnosed in the later stages of the disease, are less likely to have insurance, and have transportation problems • Problems: Issues of confidentiality, physicians with little HIV expertise, the large geographic region, access to crisis intervention services, access to support groups, accessing Medicaid • 224 people, as of June 1998, diagnosed with HIV
The Conference	• Judith Billings will also be providing a keynote address • Workshops will involve Native American issues, women's issues, prevention strategies for youth, and a workshop dealing with the issues of sexual orientation • Their highlight that they are very proud of: ***'Exhibit: AIDS'*** an art exhibit courtesy of 'Bearing Witness', an non-profit advocacy group from Denver, Colorado.

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Clinton Library

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National AIDS Policy Office

OA/Box Number: 21073

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jm2190

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

1. TRAVEL AUTHORIZATION NO.	2. DATE
TA003714	09/29/98

3. TYPE OF TRAVEL

- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: SANDRA L. THURMAN

5. TITLE OF TRAVELER	6. SOCIAL SECURITY NUMBER	7. AGENCY	8. DIVISION
DIRECTOR, AIDS POLICY	(b)(6) [002]	736 Jackson Plac	OPD

9. OFFICE PHONE	10. OFFICIAL DUTY STATION	11.
395-1441	WASHINGTON, DC	[X] Per Diem [ ] Actual Subsistence *(unusual circumstances)** *Rate(s):*

12. TRAVEL INFORMATION

PURPOSE: Keynote speaker at the North Dakota AIDS Symposium: Partners in AIDS Prevention. See attached invitation.

DATE(S): Travel Begin On 10 / 6 1998 Travel End On 10 / 6 / 1998

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: Washington, DC	To: ALL LOCATIONS,ND 50/ 30
To:	To:
To:	To:
To:	To:
To:	To:
To:	Return to: Washington, DC

13. MODE OF TRAVEL

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other *(specify)* _____

14. SPECIAL EXPENSE AUTHORIZED

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

15. ESTIMATED COST	AMOUNT
Per Diem/Lodging	$ 0.00
Per Diem/M&IE	22.50
Transportation	586.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	$ 608.50
16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

17. * SPECIAL PROVISIONS/REMARKS *(Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)*

Transportation in ND provided by North Dakota Department of Health staff.

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*

19. REQUESTED BY

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency progams and missions in the most economical means available.
Approval Official *(Signature and Title)*

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

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMD copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.: TA003714

DATE: 09/29/98

3. TYPE OF TRAVEL
- [X] Official
- [ ] Relocation
- [ ] Mixed
- [ ] Political
- [ ] Invitational *(Non EOP Employees Only)*
- [ ] Amendment *(Show items amended)*
- [ ] Funded by Non-Federal Sources

4. TRAVELER *(First name, middle initial, last name)*: SANDRA L. THURMAN

5. TITLE OF TRAVELER: DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER: (b)(6)

7. AGENCY: 736 Jackson Plac

8. DIVISION: OPD

9. OFFICE PHONE: 395-1441

10. OFFICIAL DUTY STATION: WASHINGTON, DC

11. [X] Per Diem
[ ] Actual Subsistence *(unusual circumstances)**
Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Keynote speaker at the North Dakota AIDS Symposium: Partners in AIDS Prevention. See attached invitation.

DATE(S): Travel Begin On 10 / 6 / 1998

Travel End On 10 / 6 / 1998

ITINERARY: *(Point of Origin/Place(s) of Official Visitation/Point of Return)*

From: Washington, DC

To: ALL LOCATIONS,ND 50/ 30

To:

To:

To:

To:

To:

To:

To:

To:

Return to: Washington, DC

13. MODE OF TRAVEL

- [X] Commercial Air
- [ ] Private Vehicle 0.000 Mileage Rate
- [ ] Rail
- [ ] Military Air
- [ ] Government Owned Vehicle
- [X] Other *(specify)* _____

14. SPECIAL EXPENSE AUTHORIZED	15. ESTIMATED COST	AMOUNT
[ ] Registration Fees *(meeting, training, etc.)*	Per Diem/Lodging	$ 0.00
[ ] Commercial Rental Car	Per Diem/M&IE	22.50
[ ] Excess Baggage not to exceed _____	Transportation	586.00
[ ] Other *(Please identify)* _____	Rental Car	0.00
	Miscellaneous	0.00
	TOTAL	$ 608.50
	16. ADVANCE REQUESTED *(meals and miscellaneous expenses only)*	$ 0.00

17. * SPECIAL PROVISIONS/REMARKS *(Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)*
Transportation in ND provided by North Dakota Department of Health staff.

18. ACCOUNTING DATA *(Appropriation, division, project, vendor number)*: 119 2200 J108E

19. REQUESTED BY: Sandra L. Thurman

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency progams and missions in the most economical means available.
Approval Official *(Signature and Title)*

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

OA FORM 22
REVISED JUNE 1994

___ 1. Original (Return with voucher) ___ 2. FMC copy ___ 3. Advance of funds
___ 4. Teleticketing Office ___ 5. Funds Manager copy ___ 6. Travelers copy

EASYLINK 5018791L001 25SEP98 16:04/16:04 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562439

SALES PERSON: 60 ITINERARY DATE: 25 SEP 98
CUSTOMER NBR: 1695000043 QXBKDJ PAGE: 01

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

06 OCT 98 - TUESDAY

AIR	NORTHWEST AIRLINES	FLT:1763	COACH	BREAKFAST
	LV WASHINGTON REAGAN		640A	EQP: AIRBUS A320
	DEPART: MAIN TERMINAL			02HR 39MIN
	AR MINNEAPOLIS ST PL		819A	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: DWFMM5
	THURMAN/SANDY	SEAT- 9C		
AIR	NORTHWEST AIRLINES	FLT:1803	COACH	
	LV MINNEAPOLIS ST PL		902A	EQP: DC9 50
	DEPART: MAIN TERMINAL			01HR 21MIN
	AR BISMARCK		1023A	NON-STOP
				REF: DWFMM5
	THURMAN/SANDY	SEAT- 8B		
AIR	NORTHWEST AIRLINES	FLT:962	COACH	
	LV BISMARCK		340P	EQP: DC-9 STRETCH
				01HR 26MIN
	AR MINNEAPOLIS ST PL		506P	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: DWFMM5
	THURMAN/SANDY	SEAT-14F		
OTHER				
	AISLE SEAT UNAVAILABLE CONFIRMED WINDOW			
AIR	NORTHWEST AIRLINES	FLT:102	COACH	DINNER
	LV MINNEAPOLIS ST PL		620P	EQP: BOEING 757
	DEPART: MAIN TERMINAL			02HR 24MIN
	AR WASHINGTON REAGAN		944P	NON-STOP
	ARRIVE: MAIN TERMINAL			REF: DWFMM5
OTHER				
	SEAT ASSIGNED AT AIRPORT CHECK IN ONLY			

06 APR 99 - TUESDAY
OTHER WASHINGTON

CONTINUED ON PAGE 2

SALES PERSON: 60 ITINERARY DATE: 25 SEP 98
CUSTOMER NBR: 1695000043 QXBKDJ PAGE: 02

TO: WHITE HOUSE TRAVEL
1600 PENNSYLVANIA AVE
WASH DC 20500

FOR: THURMAN/SANDY

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.
FOR AFTER HOUR EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS S-KC52
.
. SECURITY ALERT INFORMATION
DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.
.
. REMINDER
ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.
.
ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.
.
THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

July 21, 1998

SCHOOL OF MEDICINE & HEALTH SCIENCES
NORTH DAKOTA AIDS EDUCATION AND TRAINING CENTER
P.O. BOX 9037
GRAND FORKS, NORTH DAKOTA 58202-9037
(701) 777-3204
FAX: (701) 777-3527

Sarah Holewinski
White House Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Ms. Holewinski:

Thank you so much for all of the assistance you provided in helping to arrange for Ms. Thurman to speak at our annual HIV/AIDS conference.

Ms. Thurman has been scheduled for the 12:30 p.m. time slot on Tuesday, October 6, 1998. We will make arrangements for someone to pick Ms. Thurman up from the Bismarck Airport and will provide her transportation back to the airport for her return flight.

We would like to schedule a press conference at 11:30 a.m. if that would be alright with Ms. Thurman. Someone else from our planning committee will be working on press arrangements and will be contacting you within the next few weeks.

Additionally, should time permit, we would like to arrange a short, private, informal meeting between Ms. Thurman and some people from our state, perhaps some people from rural areas of our state living with HIV/AIDS, some health care providers, members of the North Dakota HIV Prevention Community Planning Group, as well as some members of the ND HIV/AIDS Network - a statewide network of HIV/AIDS organizations. The purpose of this meeting would be to provide Ms. Thurman an opportunity to meet with rural people face to face and gain firsthand knowledge of the problems facing rural America in regards to the HIV epidemic. Perhaps we could schedule this meeting to follow her presentation? Again, someone from our planning committee will be contacting you in regards to the particulars of this meeting.

Thanks again Sarah, you were so helpful and always so pleasant, even when my constant phone calls were probably beginning to get on your nerves!

Sincerely,

Kathy Williams

Kathy Williams, member
Partners in Prevention Symposium Planning Committee

UNIVERSITY OF UND NORTH DAKOTA

SCHOOL OF MEDICINE & HEALTH SCIENCES
NORTH DAKOTA AIDS EDUCATION AND TRAINING CENTER
P.O. BOX 9037
GRAND FORKS, NORTH DAKOTA 58202-9037
(701) 777-3204
FAX: (701) 777-3527

July 21, 1998

Sandra Thurman, Director
Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Ms. Thurman:

On behalf of the "Partners in Prevention: A One Day Symposium on HIV/AIDS" conference planning committee, I would like to say that we are delighted you have agreed to speak at our annual HIV/AIDS conference on Tuesday, October 6, 1998 in Bismarck, North Dakota.

I will be in communication with your assistant, Sarah Holewinski in regards to your transportation arrangements to and from the Bismarck Airport as well as in regards to arrangements for a press conference.

Thank you again for agreeing to speak at our conference. Your presence will be appreciated by all of the people and organizations in our state who work so tirelessly in HIV/AIDS education, prevention and health care.

Sincerely,

Kathy Williams

Kathy Williams, member
Partners in Prevention Symposium Planning Committee

and

Education Coordinator
North Dakota AIDS Education and Training Center