

**Late Night Testing (LNT)**

<b>Group/Organization Name</b>	
<b>Lead Contact person</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Date of Hosting</b>	<input type="checkbox"/> Tuesday, _____ <input type="checkbox"/> Thursday, _____
<b>Expected Number of Participants</b>	<input type="checkbox"/> 10 -15 <input type="checkbox"/> 16-25 <input type="checkbox"/> 26+
<b>Group Demographics</b>	
<b>Is organization currently certified?</b>	

**Student Health Services (SHS) agrees to:**

1. Provide free HIV testing and light refreshments
2. Provide sexual health education and condom education demonstrations
- 3.

**Student Organization agrees to:**

1. Advertise LNT within their group and invite others to attend
2. Arrive at SHS no later than 4:30 pm
- 3.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Confirmed: _____
Assigned to: <u>Randy Henley</u>	Method of Confirmation: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: