

Form C

**New York State Department of Health
AIDS Institute - HIV Education & Training Programs
Demographic Reporting Form for Authorized Training Agency (ATA)**

Estimated Data on Participants (Return one form per training)

Presentation Date: _____

Presenter(s): _____

Authorized Training Agency Name: _____

Title of Presentation: _____

Length of Presentation: _____

Training Site: _____
(Include City and County)

Total Number of Participants # _____

Characteristics of Participants (Insert Totals)

Gender: _____ Males _____ Females _____ Transgender _____ Unknown

Age: _____ < 12 Years _____ 12 - 19 _____ > 19 _____ Unknown

Race: ___ White (non-Hispanic) ___ Black (non-Hispanic) ___ Hispanic

___ Asian/Pacific Is _____ Native Amer. _____ Other _____ Unknown

Send Form C and Sign-In Sheet(s) to:

REACH CNY
1010 James Street, 2nd Floor
Syracuse, NY 13203
Attn: Jeanette Shanley