

## COMMUNITY VILLAGE SUBMISSION FORM

We look forward to receiving your Community Village submission. Please complete every section of this form to ensure you provide adequate information for the selection of the Community Village.

Please send your completed form to: [communityvillage@icasa2015zimbabwe.org](mailto:communityvillage@icasa2015zimbabwe.org).

The deadline to receive submissions is: 30<sup>th</sup> September 2015.

Notification of selected community village will be sent out: 10<sup>th</sup> October 2015.

<b>Section 1: Community Village</b>
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**Point Person for Community Village:**

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**Email address for Point Person:** .....

**Type of submission** (*booth, cultural exhibition, or cultural performance*): .....

**Title of Community Village:** *Provide a suitable title; please use Title case.*

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**Overview (200 words):** *Specify what will be presented in the booth or cultural exhibition or cultural performance.*

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**Format/Methods: (100 words):** *Provide an outline of how the Community Village will be conducted (e.g. 10 minute group dance with drumming, 50 photo exhibition, or booth with display of organization's work, etc.)*

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**Materials:** *Specify what type of equipment is required (e.g. 25 meter<sup>2</sup> stage, 2 meter wall space, 9 meter<sup>2</sup> booth with table and chairs). Specify any resources or printed materials, etc. you would like to distribute.*

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**Target Audience:** *Specify the group(s) that would most benefit from attending your activity at the Community Village (e.g., clinicians, nurses, community activities organizers, program managers, policy-makers, researchers, advocates, etc.)*

**Standard Booth Set-up:**

- Minimum size of booth (2x2m ) Is (USD) 1,000.00
- Maximum size of booth (4x2m ) Is (USD) 1,500.00
- Fascia label (Stand sign)
- One shell scheme
- Electrical outlet
- One tables
- Two chairs

**Additional information:** .....

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**Section 2: Contact Information**

*Please provide details of **ALL** Community Village organisers (maximum 3 for booth or exhibition and 10 for performance). Please use an additional page, if necessary.*

Organiser(s)	Organiser 1	Organiser 2	Organiser 3
Title:			
First Name:			
Last Name/Surname:			
Gender (Female/Male)			
Nationality:			
Date of Birth			
<b>Main Address:</b>			
Company, Institution, Organisation			
Department/Program			
Zip/Postal Code/Street			
City, State/Province			
Country			



# HIV/AIDS IN POST 2015 ERA: LINKING LEADERSHIP, SCIENCE & HUMAN RIGHTS

[www.icasa2015zimbabwe.org](http://www.icasa2015zimbabwe.org)

Communication Details:			
Telephone	(+)	(+)	(+)
Mobile	(+)	(+)	(+)
Fax	(+)	(+)	(+)
Preferred Email			
Alternative Email			

Please submit this form as an email attachment to [communityvillage@icasa2015zimbabwe.org](mailto:communityvillage@icasa2015zimbabwe.org) before or by 31<sup>st</sup> August 2015.