



17th Annual

Alabama Heartsong 2010

*A spiritual retreat for persons living with HIV/AIDS,
for professionals who work in the field of AIDS,
and for caregivers.*

April 19-22, 2010

An outreach project of The 1917 Clinic at UAB & Center for AIDS Research

*If you would like to help sponsor one or more participants
to attend Heartsong, please see the reverse page.
Your tax-deductible contribution will go directly
to covering the food and lodging costs of our participants.
Thank you!*

**Registration deadline:
Open to the first 50 participants to register.**

**KEEP THIS PAGE FOR YOUR OWN INFORMATION,
COMPLETE PAGES 3-6 TO REGISTER AND MAIL IN.**

Retreat Information

Alabama Heartsong 2010
Camp McDowell, Nauvoo, Alabama
April 19-22, 2010

WHAT: The Alabama Heartsong Retreat is an interfaith spiritual retreat for adults (19 and older) living with HIV and AIDS, those who work in the epidemic, and for caregivers. The primary goal is for each participant to take the time to listen to his/her own "heartsong" and to use what is learned to continue one's own spiritual growth.

WHO: Persons living with HIV disease are given priority and professionals who work in the AIDS field are invited. Caregivers are also encouraged to participate. Most participants are from Alabama, but many persons come from other states in the southeast. The Alabama Heartsong Retreat is coordinated by The UABs 1917 Clinic and Center for AIDS Research (CFAR) and is planned by past participants and staff members. The retreat is limited to the first 50 individuals. Childcare is not provided.

WHERE: We will be hosted by Camp McDowell in Nauvoo, Alabama, one and a half hours northwest of Birmingham. Accommodations are "dorm style" with 2 to a room (single beds). All meals are provided by the retreat center. Directions will be sent with a confirmation letter after a registration form is received.

WHEN: The 2010 retreat begins Monday afternoon, April 19th (check-in is between 3:00-5:00 p.m., dinner is at 6:00 p.m.) and ends after the noon meal on Thursday, April 22nd.

WHY: Studies have shown that attitude is a crucial factor in the long-term survival of any serious illness, especially HIV disease. A person's spiritual journey or awareness of God and others can positively impact attitude in ways that build hope, strength, and peace in one's life.

HOW MUCH: The cost of the retreat is \$200 per person, which includes 3 nights lodging and 9 meals. Participants are encouraged to seek sponsors. (Share the enclosed brochure with a potential sponsor.) Any contributions received are tax-deductible. **Checks must be made payable to The UAB 1917 Clinic.** No one will be turned down because he/she is unable to pay. Partial or full scholarships are available by filling out the registration form and including what you can be pay towards this cost.

I CAN'T GO, BUT HOW CAN I HELP?

We count on donations from participants, congregations, AIDS service organizations, local businesses, and individuals to fund the retreat. You may want to fund part or all of a scholarship for someone to attend. Checks may be made payable to The UAB 1917 Clinic, with Heartsong Retreat on the memo line. If you are able to make a donation, it is a tremendous help. Thank you!

Send your donation and/or registration form to:

Kelly Ross-Davis
UAB 1917 Clinic
908 20th Street S, CCB 188
Birmingham, AL 35294-2050
Phone: (205) 975-9129; Email: krd@uab.edu



REGISTRATION FORM

16th Annual Alabama Heartsong Retreat

Camp McDowell, Nauvoo, AL

April 19-22, 2010

You are officially registered when you receive a confirmation notice with directions to the Camp.

Please do not delay in mailing this form as retreat size is limited to the first fifty registrations received. Registration forms will be accepted until the fifty spaces are filled with an initial deadline of April 1st. We will begin a waiting list if necessary.

Check-in will be on Monday, April 19th, 3:00-5:00 p.m. Dinner will be served at 6:00 p.m. The retreat ends on Thursday, April 22th following lunch at 1:00 p.m. We request a commitment to attend the entire retreat from beginning to end. Please be sure to complete the ENTIRE application.

If you will not be able to attend the retreat, we request that you contact our office at 205-975-9129 at least 48 hours prior to the retreat.

PLEASE PRINT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work/Cell Phone () _____

E-mail Address _____

Birthday ____/____/____ Circle one: Male Female

___ Yes, I give permission to the Heartsong Planning Team to share the above information (excluding the year of birth) with other Heartsong 2010 participants.

Signature: _____

___ No, please do not share the above information with other participants.

Signature: _____

1. **How did you hear about this retreat?** I am a past participant ____ friend ____
healthcare provider ____ Other ____

2. _____ **Yes, I am able to be present for the entire retreat.** (Please check.)

3. **Room.** Everyone will be sharing a double room with one other person (2 double beds). If you have a preference for a roommate(s), please list his/her name below. If you are attending with a partner/spouse, please note this as well.

Roommate's Name _____

4. **Faith Background.** What is your religious or faith background (if any)?

_____ (Over)

(Please circle)

5. **Transportation.**

I have my own transportation or can arrange a car pool. Yes No

I can provide transportation to the retreat for _____ individual(s). (Please circle) Yes No

I give permission to the Heartsong Planning Team to share my contact information with someone in need of transportation. Please initial: _____

I need transportation to the retreat. (Please circle) Yes No

I give permission to the Heartsong Planning Team to share my contact information with someone who may be able to assist with transportation. Please initial: _____

We will try to connect you with someone who has indicated they can help, but we encourage you to make arrangements with other participants directly.

6. **Diet.** Do you have any special dietary requirements of which we should be aware?

7. **Cost.** The cost is **\$200** per person for the retreat. We encourage everyone to ask for donations to cover your cost if at possible. This includes nine meals and three nights lodging. Please mark your contribution below and include your check with this form.

Retreat Cost Contribution: \$200 _____ \$150 _____ \$100 _____ \$50 _____ other _____

_____ I am not able to make a contribution for my retreat costs at this time. (Contributions will also be accepted at the retreat.)

No one will be turned away due to an inability to pay. We ask that you make a sincere effort to pay what you are able of the retreat cost. Please consider asking someone to sponsor you. Others may make a tax-deductible contribution directly toward your registration fee and/or retreat cost. An updated brochure has been included to help you request sponsorship.

In consideration of my participation in the in the Alabama Heartsong Retreat (the "Event"), I, the undersigned participant, for myself, my family members, next-of-kin, guardians, heirs, administrators, personal representatives, successors and assigns hereby agree to release, discharge, indemnify, and hold harmless the Board of Trustees of the University of Alabama, whether or not acting as the 1917 Clinic, including any officer, director, employee, or volunteer of any of the entity listed above, as well as its affiliates, agents, trustees, fiduciaries, representatives, successors, and assigns ("Indemnified Parties") from any and all claims, demands, costs, liability, or damages arising out of or related in any way to my participation in the activities of the Event, whether or not such claims, demands, costs, liability or damages are based upon the negligence of any of the Indemnified Parties.

Participant's Signature _____ Date _____

Please return this form and the medical form along with your registration fee/contribution:

Kelley Ross-Davis
Heartsong Retreat
UAB 1917 Clinic
908 South 20th Street, CCB 188
Birmingham, AL 35294-2050

Make your check payable to "The UAB 1917 Clinic" with "Heartsong Retreat" on the memo line.

MEDICAL INFORMATION

Required Information for Each Participant – Alabama Heartsong Retreat

This page must be completed and submitted with your application in order for you to be accepted as a participant in the retreat.

Name: _____

Date of Birth: ____/____/____ Age: _____

Medical. If you have HIV disease, or other medical conditions, please answer the following questions. All information will remain confidential.

____ HIV Negative

____ HIV Positive: Date diagnosed _____ Most recent CD4 count _____

Current Medications (list on the back of this page if not enough room below)

Do you have Kidney Disease? Yes No Do you have Liver Disease? Yes No

Do you have any food or medication allergies? Yes No If yes, please list below:

Do you smoke? Yes No If Yes, how many packs a day? _____

Please list any other health conditions:

Emergency Information.

Please list someone to contact in the case of an emergency:

First Name _____ Last Name _____

Home Phone () _____ Work/Cell Phone () _____

Relationship _____

Clinic where I receive care: _____

Physician/Nurse Practitioner: _____ Nurse: _____

Clinic Daytime Phone: _____ After Hours Phone: _____

Current Medications

| Medication Name | mg | Taken how many times daily? |
|-----------------|----|-----------------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |
| 6. _____ | | |
| 7. _____ | | |
| 8. _____ | | |
| 9. _____ | | |
| 10. _____ | | |
| 11. _____ | | |
| 12. _____ | | |
| 13. _____ | | |
| 14. _____ | | |
| 15. _____ | | |