



## **ABOUT YOUR ORGANIZATION**

- 1. Organization's name:**
  - 2. Your name:**
  - 3. Your title/role:**
  - 4. Your email:**
  - 5. Your phone number:**
  - 6. Organization's website:**
  - 7. Organization's phone number:**
  - 8. Organization's location:**
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- i) What work do you specialize in? If you are a part of an organization, please specify its mission, and your role within the organization. (300 words max)**
  
  - ii) Please explain your motivation for attending the knowledge seminar and highlight any advocacy experience as well as involvement in TB/HIV interventions from an operational or affected community perspective (500 words max)**
  
  - iii) How will attending the seminar impact your work? (How does the seminar relate to your work?) (300 words max)**
  
  - iv) List some of your critical partners, atleast four, who will be relevant to your advocacy efforts and their contacts**