

SOMEONE YOU LOVE

THE HPV EPIDEMIC

MAKE A PLEDGE

On this day _____, I, _____,

commit to host at least one film viewing of

Someone You Love: The HPV Epidemic in the state of Ohio.

Which target audience(s) do you intend to reach with the *Someone You Love* film?

- | | |
|---|---|
| <input type="checkbox"/> Healthcare Providers | <input type="checkbox"/> Young Adults/Older Adolescents |
| <input type="checkbox"/> Parents/Guardians | <input type="checkbox"/> General Audience |

☐ I agree that I am responsible for safe keeping and tracking my copy(ies) of the DVD.

☐ I agree to complete and return the *Host Feedback Form and Pre/Post Surveys* within 14 days of hosting the event(s). These materials can be found in *A Guide to Hosting a Film Viewing*.

In return for your commitment, you are provided a complimentary copy of the DVD and A Guide to Hosting a Film Viewing.

Your Signature

Printed Name: _____

Organization: _____

Street Address: _____

City/State/Zip Code: _____

E-Mail: _____

Phone: _____

County: _____

Thank you for being part of the *Someone You Love HPV* initiative in Ohio!

Please e-mail or fax completed form to:

E-mail: info@someoneyouloveohio.org Fax: (614) 293-6667

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