

Shoulders to Stand On Screening Request

Contact Information

Date of Screening: _____ Time: _____

Contact Name: _____

Organization/Individual: _____

Email: _____

Location: _____

Screening Fees

____ Not For Profit: \$250 ____ For Profit: \$1,000

You May Qualify For a Discounted Rate
Contact Gay Alliance and/or Shoulders To Stand On
evelynb@gayalliance.org

What Does Your Screening Fee Include? [Click here](#)

What Must You Provide? [Click here](#)

Once your request is received with your checklist, you will be contacted to set up a meeting to plan your STSO Screening Event.

Please fax this request with checklist to: (585) 244-8246

E-mail to: evelynb@gayalliance.org

Send To: Ms. Evelyn Bailey, Chair
Shoulders to Stand On
875 East Main St. Suite 500
Rochester, NY 14605