

**HIV/AIDS Risk Reduction Interventions for African-American  
Heterosexual Men**

**0920-10CM**

**Attachment 5b4  
Reminder Letter - NYBC**

**HIV/AIDS Risk Reduction Interventions for  
African American Heterosexual Men  
Data Collection: Reminder Letter**

**Reminder Letter**

<Participant First Name, Last Name>  
<Mailing Address>  
<Mailing Address>  
<Mailing City, State, Zip Code>

Dear <Participant first Name>,

Your next appointment with STRAIGHT TALK is on  
<Date and Time>.

If you cannot keep this appointment, please call the office  
at <Clinic Phone Number> to reschedule.

Thanks for your help with this effort.