2010 – 2011 HIV, STD & Pregnancy Prevention Education
AIDS 101/Teaching Activities & Curriculum Trainings
Registration Form

You MUST pre-register. Deadlines for the trainings are indicated below. Please check one or more.

_____ 4-13 & 14 – 10 "101" & "DTL" (deadline 3-16-10)
_____ 5-19 & 20 -10 "101" & "DTL" (deadline 4-21-10)
_____ 7-28 & 29-10 "DTL" & FOY" (deadline 6-30-10)
_____ 10-6 & 7-10 "101" & "DTL" (deadline 9-8-10)
_____ 11-3 & 4-10 "RTR" & "MPC" (deadline 10-6-10)
_____ 2-2 & 3-11 "DTL" & "FOY" (deadline 1-5-11)

Deadlines dates for registration ARE firm.

Name: _____

Address: _____City_____ZIP_____

School District/Agency:_____Building: _____

Email:_____School/Work Phone: _____

I have attended a basic AIDS 101 course in the past? _____YES _____NO Number of years ago____

Team Members: _____ _____

_____

_____

(Each team member must complete a separate registration.)

CAPP grantee _____ YES _____ NO

Administrator/Supervisor signature represents approval to use materials in HIV prevention classes within 12 months.

_____ _____
Participant's Signature Administrator's Signature

Email address to use if other than your school/business email _____

PLEASE NOTE: In order for your school district to be reimbursed for substitute teacher pay, during the school year. You will need to bring with you, on school district letterhead, an invoice stating the name(s) of the teacher(s) in attendance, name and dates of class, and the cost of the substitute teacher for the day. It must have an *original signature* of the administrator. The reimbursement will be paid to the school district through the Electronic Funds Transfer (EFT) if possible. Reimbursement will not be paid if this invoice is not brought to the training or received in this office within 14 days of the training date(s). 101/Activity and Curricula trainings CAN be listed on the same invoice. *The invoice MUST be dated AFTER the actual training dates.*

Return to:
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