

2014 REGISTRATION FORM for:
HIV Testing Data

The workshop will be held from 10:00 a.m. – 12:00 p.m. the following dates:

January 26, 2012
May 23, 2012
September 27, 2012

All sessions will be held at:

Minnesota Department of Health
Snelling Office Park
1645 Energy Park Drive
St. Paul, Minnesota 55108

Prerequisites: *Fundamentals of HIV Prevention Counseling and HIV Test Results (either previously taken or currently enrolled)*

Cost: No Charge
CEU's: 0

To register, please complete the form below and return it to:

Minnesota Department of Health
STD and HIV Section
P.O. Box 64975
St. Paul, MN 55164-0975
Attn: Nancy Petschauer

Registration must be received one week prior to the training. You will receive a confirmation of your registration. **Please call Nancy (651-201-4033) with special accommodations, including dietary requirements, need for interpreter, etc.** Also, we advise dressing in layers as the temperature in the building where the trainings are held has a tendency to fluctuate.

Name: _____

Agency: _____

Work Address: _____

Work Phone: _____

Email Address: _____

How long have you worked in the field of HIV/AIDS? _____

Please select the date you will attend:

January 26 _____ May 23 _____ September 27 _____

I understand that for me to benefit from this workshop I need to attend the entire session, without phone or pager interruptions. My supervisor is aware and supportive of this requirement.

Participant

Supervisor