

**2012 REGISTRATION FORM for:**  
**FUNDAMENTALS OF HIV PREVENTION COUNSELING**

This 1 day workshop is from 9:30 a.m. – 5:00 p.m. on the following dates:

January 24, 2012  
May 21, 2012  
September 25, 2012

All sessions will be held at:

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

Cost: For Non-MDH funded agencies is \$35.00

\*Free for staff/volunteers from agencies that receive direct funding from MDH to provide HIV or STD testing.\*

CEU's: 7

Please complete the form below and **make a check out to Treasurer, State of Minnesota**. Return the completed form and check to:

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

Registration and payment is required and 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. Breakfast and Lunch served.** Also, we advise dressing in layers as the temperature in the building where the trainings are held has a tendency to fluctuate.

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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 24 \_\_\_\_\_ May 21 \_\_\_\_\_ September 25 \_\_\_\_\_

*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