

**2012 REGISTRATION FORM for:
HIV TEST RESULTS**

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

**January 25, 2012
May 22, 2012
September 26, 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*

(Note: MDH strongly recommends taking both trainings within the same three-day set)

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.

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 25 _____ May 22 _____ September 26 _____

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