

BE PROUD! BE RESPONSIBLE!

HIV PREVENTION TRAINING

May 17-18, 2010 8:30-4:30 HILTON GARDEN INN, AUBURN

REGISTRATION

Name : _____

Agency/School: _____

Position/Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Special Needs (dietary or other): _____

Overnight Lodging Needed : Yes _____ No _____ (lodging will be in double rooms)

If yes, for which nights?: May 16 _____ May 17 _____

The following will help us in planning the training agenda:

1. Have you attended HIV-specific trainings in the past? Yes _____ No _____

2. If yes, approximately when? _____

3. Name of the training? _____

4. Was it specifically focused on HIV and youth? Yes _____ No _____

5. Do you have experience facilitating groups? Yes _____ No _____

If yes, please describe: _____

6. Are you a youth? _____ or adult? _____ 7. Gender: _____

PLEASE SUBMIT A SEPARATE FORM FOR EACH PARTICIPANT. RETURN TO: MARY RUCHINSKAS,

NEW BEGINNINGS, 436 MAIN ST., LEWISTON, ME 04240 **by Friday, May 7th**

FAX #: 795-4080. email: info@newbeginmaine.org

Registration is on a first-come, first-serve basis. The training is limited to 25 participants.

You will receive a confirmation letter with more details about the site and the training.

Questions?? Call Jody Pierce-Glover or Mary Ruchinskas at 795-4077

ADDITIONAL REGISTRATION FORMS CAN FOUND AT: WWW.NEWBEGINMAINE.ORG/HIVPREVENTION.htm