

**HIGH RISK ADOLESCENT AIDS PREVENTION (HRAP) TRAINING  
REGISTRATION FORM**

**Hilton Garden Inn, Auburn      February 24 – 25<sup>th</sup>, 2010**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Special Needs [accessibility, dietary or other]: \_\_\_\_\_

*Your answers to these questions will help us to plan the training agenda:*

**1. In your present job do you.....**

Supervise or manage an adolescent program?	_____ Yes	_____ No
Work directly with adolescent clients?	_____ Yes	_____ No
Conduct adolescent or adult training?	_____ Yes	_____ No
Do HIV prevention work with adolescents?	_____ Yes	_____ No
Do HIV prevention work with adults?	_____ Yes	_____ No

**2. Please list any prior HIV/AIDS training you may have had, including name of trainer, location of training, and approximate dates:**

**\*\*\*\*\*REGISTRATION IS LIMITED\*\*\*\*\***

**Registration Deadline: Wednesday, February 17<sup>th</sup>** *(registration will close when the workshop is full)*

**Return to: Mary Ruchinkas, New Beginnings, Inc.**  
436 Main Street, Lewiston, Maine 04240  
(207) 795-4080 FAX      email: [info@newbeginmaine.org](mailto:info@newbeginmaine.org)  
(207) 795-4077 for more information

**Registration forms are online at: [www.newbeginmaine.org](http://www.newbeginmaine.org)**

PLEASE SHARE THIS ANNOUNCEMENT WITH OTHERS IN YOUR ORGANIZATION. THANKS.