

REGISTRATION FORM
PARTNERS IN SEXUALITY EDUCATION TRAINING
MAINE HEALTH EDUCATION LEARNING RESULTS IN ACTION
DATE: Tuesday, November 15, 2011 (8 a.m. to 3:30 p.m.)
PLACE: Maine Principals' Association, Augusta, Maine

School Name: _____

School System: _____

Complete Address: _____

Phone: _____ Fax: _____

Name #1: _____
Position: _____ E-mail: _____
Specials needs: _____

Name #2: _____
Position: _____ E-mail: _____
Specials needs: _____

Please fax form to Jody Leary at 624-6702 or mail registration to: Attn: Jody Leary, HIV Prevention Education Program, Maine Department of Education, 23 State House Station, Augusta, ME 04333-0023. Questions: Call Jody at 624-6692 or e-mail: jody.leary@maine.gov.

If registration is held up for approval, please call or email us; we'll hold a slot for you. You will receive a confirmation letter and directions to the site via fax or e-mail. Please be sure to include a fax number and e-mail address. Thank you.

REGISTRATION DEADLINE: Tue., November 1, 2011

Will you be interested in applying for a \$700 curriculum implementation grant? (NOTE: By answering yes, you will not be committed.) Yes or No (please circle)

Will you be requesting overnight lodging for the night of Nov 14? (A limited number of overnight lodging is available to those travelling over an hour and a half.) Yes or No (please circle)

How did you hear about this training? (Circle all that apply) a. Our program email training notices; b. School Health Coordinator; c. School Nurse; d. Department of Education's website; e. Past training participants; f. Other: please specify _____ . Thank you!