



Parent-Child Connectedness: New Interventions to Prevent Teen Pregnancy

Please register by Monday, October 2, 2006

Check the box of the workshop you would like to attend:

Wednesday, October 11, 2006

The PREP Center – District 287
1820 Xenium Lane North – Plymouth

Thursday, October 12, 2006

Temple Israel – Minda Hall
2324 Emerson Avenue S. – Minneapolis

Name _____

Title _____

Phone _____ E-mail _____

Organization _____

Program _____

Address _____

City _____ Zip _____

Primary county served by organization's program _____

Secondary county (if any) served by organization's program _____

Please check if a vegetarian lunch is required.

Method of Payment (please choose one)

Check made payable to MOAPPP

Credit Card (circle one)

Visa MasterCard Card #: _____ Exp Date: _____

Signature: _____

Name, billing address and zip code for credit card

Note: Statement will reflect a charge from CharityBox.com

Mail or fax registration form, along with registration fee payable to MOAPPP to:

MOAPPP PCC Workshop

1619 Dayton Ave Suite 111, Saint Paul, MN 55104

Fax: 651-644-1417