

Teen Pregnancy Prevention 101

August 8, 2007
9:00 am-3:00 pm

**Are you new to teen pregnancy prevention?
Do you want to learn about current research, resources
and effective programs?**

This workshop is a must for anyone new to the field!

▶ This training includes:

- Statistics on teen pregnancy, birth and STIs
- Trends in teen pregnancy & sexual behaviors
- Basics of adolescent growth & development
- Risk & protective factors associated with teen pregnancy
- Prevention strategies that work

Location: Temple Israel
2324 Emerson Ave S, Minneapolis, MN 55405

Registration:
MOAPPP member \$50/Non-member \$75
Space is limited; please register early.

Limited scholarships are available. To request
a scholarship application, contact jill@moapp.org

Please complete the attached registration
form and send with payment to:

MOAPPP, 1619 Dayton Ave Suite 111,
Saint Paul, MN 55104

Sponsored by the Minnesota Organization on
Adolescent Pregnancy, Prevention and Parenting
www.moapp.org



Registration Deadline:
Friday, July 27

Teen Pregnancy Prevention 101

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Location: Temple Israel, 2324 Emerson Ave S, Minneapolis, MN 55405

Registration deadline: Friday, July 27

For more information: contact Jill Farris at 651-644-1447 x 18 or jill@moappp.org

Teen Pregnancy 101 – Registration Form

Name: _____

Agency: _____

Program: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary County Served: _____ Other Counties Served _____

Email: _____ Phone: (_____) _____

Who do you serve? Please give a rough estimate of the percentages of the following populations your agency serves:

____ African ____ African American ____ American Indian
____ Asian/Pacific Islander ____ Caucasian ____ Hispanic/Latino
Other _____

Registration Fees

- ____ MOAPPP member \$50
- ____ Non-MOAPPP member \$75
- ____ I would like to become a MOAPPP member! \$35 Individual; \$100 Organization
(If you join today, you may register at the member rate.)

Method of Payment

Check or credit card number must accompany your registration form. (please choose one):

- Check made payable to MOAPPP
 - Credit card (circle) Visa or Mastercard Card # _____ - _____ - _____ - _____
Expiration Date: ____/____
- Signature: _____
Name, billing address and zip code for credit card: _____

Mail or fax registration form with payment to:

MOAPPP

Attn: Teen Pregnancy Prevention 101

1619 Dayton Ave Suite 111, Saint Paul, MN 55104

Fax: 651-644-1417