

# From Research to Practice: Designing Youth-Friendly Reproductive Health Services

**August 11, 2008**  
**1:00 p.m.-5:00 p.m.**

This workshop is for health educators, family planning clinic staff, nurses and nurse practitioners and youth-serving professionals.

This training will:

- review the latest research on adolescent contraceptive use
- address best practices for youth-friendly reproductive health services
- explore ways to expand contraceptive and condom access for underserved youth
- provide information on replicable, evaluated programs

*MOAPPP is pleased to bring Laura Davis from Advocates for Youth, Washington, D.C. to Minnesota for this training.*

Location: Rondo Community Outreach Library  
461 N Dale Street, St Paul, MN

Registration:  
\$30 MOAPPP member/\$65 Non-member

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

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

*Space is limited; please register early.*

Sponsored by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting



Registration Deadline:  
**Thursday, August 7**

# From Research to Practice: Designing Youth-Friendly Reproductive Health Services

## August 11, 2008 — 1:00 p.m.-5:00 p.m.

**Location:** Rondo Community Outreach Library, 461 N Dale Street, St Paul, MN  
**Registration deadline:** Thursday, August 7, 2008  
**For more information:** contact Jill Farris at 651-644-1447 x18 or [jill@moappp.org](mailto:jill@moappp.org)

### Designing Youth-Friendly Reproductive Health Services — Registration Form

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Program: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary County Served: \_\_\_\_\_ Other Counties Served \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Registration Fees**  
\_\_\_ MOAPPP member \$30  
\_\_\_ Non-MOAPPP member \$65  
\_\_\_ 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: \_\_\_\_\_

*Note: Your credit card statement will reflect a charge from Charitybox.com*

- Bill Me** (choose this option only if your agency needs a purchase order to make payment.)  
Bill my agency using purchase order # \_\_\_\_\_ and direct correspondence to the following staff person:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Mail or fax registration form with payment to:**  
MOAPPP

Attn: Designing Youth-Friendly Reproductive Health Services  
1619 Dayton Ave Suite 111, St Paul, MN 55104  
Fax: 651-644-1417