

# A Cultural Understanding of Skills-Based Sexuality Instruction

December 19, 2008  
9:15 am-12:15 pm

This half-day interactive workshop provides sexuality educators with cultural adaptations for teaching youth skills to prevent HIV, STIs, and teen pregnancy.

Participants will:

- Practice six essential skills included in most evidence-based curricula
- Explore adaptation guidelines for science-based programs
- Share strategies and network with colleagues

**Location:** Richfield High School  
Room 153  
7001 Harriet Ave S  
Richfield, MN 55423

**Registration fee:** \$10.00

*Space is limited; please register early.*

15 Substitute teacher fees will be provided on a first-come, first-serve basis.

Registration fee is non-refundable.

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 Department of Education, Hennepin County Research, Planning & Development Department, and the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP).

Minnesota  
Department  
of Education

www.Hennepin.us



Minnesota's  
resource  
**MOAPPP**  
for teen  
pregnancy  
information

Registration Deadline:  
**Tuesday, December 16**

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**Location:** Richfield High School  
Room 153  
7001 Harriet Ave S  
Richfield, MN 55423

**For more information contact:**  
Jill Farris at 651-644-1447 x18  
jill@moapp.org

**Registration deadline:** Tuesday, December 16

## A Cultural Understanding of Skills-Based Sexuality Instruction— Registration Form

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

School: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Registration Fee: \$10.00**

**Substitute Teacher Pay:**  Yes  Not needed  
*You will receive a form via email with more information.*

### 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: 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: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Mail registration form with registration fee to:**

MOAPPP  
Attn: Cultural Understanding  
1619 Dayton Ave Suite 111, Saint Paul, MN 55104