

Developing Programs that Fit Your Youth: A Two-day Training on Program Assessment and Design

June 17-18, 2008
8:30 a.m.-4:30 p.m.

A program that works in one community may or may not match the needs, knowledge and/or values of another. How do you ensure that the program you design fits the youth you serve?

This training will strengthen your capacity to assess the youth you serve so you can implement, improve and develop appropriate pregnancy and STI/HIV prevention programs.

MOAPPP is pleased to bring two nationally recognized experts to Minnesota to lead us in these two days of training.

Mary Martha Wilson, MA
Healthy Teen Network

Lori Roller, MSW, MPH
ETR Associates

Participants will learn how to:

- Conduct a needs assessment
- Develop a data collection plan
- Build a Behaviors-Determinant-Intervention (BDI) logic model to use in youth programming

Location: Temple of Aaron
616 S Mississippi River Blvd, St Paul, MN

Registration:

\$100 MOAPPP member/\$135 Non-member
(Registration fee is reduced if two or more participants register from the same organization)

Space is limited; please register early.

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



Registration Deadline:
Tuesday, June 10

Developing Programs that Fit Your Youth: A Two-day Training on Program Assessment and Design

June 17-18, 2008 — 8:30 a.m.-4:30 p.m.

Location: Temple of Aaron, 616 S Mississippi River Blvd, St Paul, MN
Registration deadline: Tuesday, June 10, 2008
For more information: contact Jill Farris at 651-644-1447 x18 or jill@moapp.org

Developing Programs that Fit Your Youth — Registration Form

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

Registration Fees

- ___ MOAPPP member \$100
 - ___ Non-MOAPPP member \$135
 - ___ MOAPPP member attending with co-worker \$75*
 - ___ Non-MOAPPP member attending with co-worker \$110*
 - ___ I would like to become a MOAPPP member! \$35 Individual; \$100 Organization
- (If you join today, you may register at the member rate.)*

*Registration fee is reduced by \$25 each if two or more participants register from the same organization.

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: Developing Programs That Fit Your Youth
1619 Dayton Ave Suite 111, Saint Paul, MN 55104
Fax: 651-644-1417