

September 18th, 2008

Overcoming Health Barriers in Somali and East African Communities of Minnesota



Registration Form

Name: _____

Agency: _____

Program: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary County Served: _____ Other Counties Served _____

Email: _____ Phone: (_____) _____

9:00 a.m. - 12:00 p.m.

Center For Families

3333 North 4th Street, Minneapolis, MN

\$25 MOAPPP Member/Non-member

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: Credit card statement will reflect a charge from CharityBox.com

Bill my agency using purchase order # _____

Direct Correspondence to: _____ Address: _____

Registration Deadline September 15th

2008



www.moappp.org