

# Service Learning 101

November 19, 2008 - 9:00 a.m.-3:00 p.m.

Location: TIES Building  
1667 Snelling Avenue North, St. Paul, 55108

Registration : Free

For more information:  
Contact Jocelyn Broyles 651-644-1447 x19 or [jocelyn@moappp.org](mailto:jocelyn@moappp.org)

Please complete the registration form  
and mail or fax to:  
MOAPPP, 1619 Dayton Ave Suite 111,  
Saint Paul, MN 55104  
Fax: 651-644-1417

## Service Learning 101 — Registration Form

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

Agency: \_\_\_\_\_

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

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

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

Primary County Served: \_\_\_\_\_ Other Counties Served \_\_\_\_\_

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

Are you a MOAPPP Member?

MOAPPP Membership:

I would like to become a MOAPPP member! \$35 Individual; \$100 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: \_\_\_\_\_



Registration Deadline:

**Monday, November 17**