

# Teen Pregnancy Prevention 101

September 24, 2008  
9:00 a.m.-3:30 p.m.

Are you new to teen pregnancy prevention?

Do you want to learn about current research, resources and effective programs?

**This workshop is a must for anyone new to the field!**

## This training includes:

- Statistics and trends in teen pregnancy, birth and STIs
- Basics of adolescent growth & development
- "What works" to prevent teen pregnancy and support adolescent parents
- Current policy and advocacy issues related to teen pregnancy prevention
- Information about MOAPPP services and resources

Location: American Red Cross  
1301 W. Saint Germain, St. Cloud, MN 56301

Registration:  
MOAPPP member \$50/Non-member \$85  
*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

Limited scholarships are available. To request a scholarship application, contact [Lorie@moappp.org](mailto:Lorie@moappp.org)

Sponsored by the Minnesota Organization on  
Adolescent Pregnancy, Prevention and Parenting  
[www.moappp.org](http://www.moappp.org)



Registration Deadline:

**Wednesday, September 17**

# Teen Pregnancy Prevention 101

September 24, 2008 — 9:00 a.m.-3:30 p.

**Location:** 1301 W. Saint Germain, St. Cloud, MN 56301

**Registration deadline:** Wednesday, September 17, 2008

**For more information:** contact Lorie Alvshere at 651-644-1447 x12 or lorie@moapp.org

## Teen Pregnancy Prevention 101 — Registration Form

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

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

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

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

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

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

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

### Registration Fees

\_\_\_ MOAPPP member \$50

\_\_\_ Non-MOAPPP member \$85

\_\_\_ 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: Teen Pregnancy Prevention 101

1619 Dayton Ave Suite 111, Saint Paul, MN 55104

Fax: 651-644-1417