

Unequal Partners

A Workshop About Power and Consent in Adult-Teen and Other Relationships

January 16, 2008
Registration begins at 8:30 a.m.
Training 9:00 a.m. - 4:00 p.m.

Temple Israel
2324 Emerson Avenue South
Minneapolis, Minnesota 55405

This engaging workshop, led by nationally recognized author and trainer Bill Taverner, targets professionals who work with young people ages 10-17 in school and community settings. *Unequal Partners* aims to increase professionals' understanding of the dynamics, complexities and risks of adult-teen relationships and improve their effectiveness in helping adolescents develop healthy relationships and avoid, change or leave unhealthy ones.

Drawing on both new and classic lessons from the revised and updated Third Edition of the **Unequal Partners** curriculum, this workshop utilizes interactive methods to encourage participants to reflect upon their own experiences and opinions. Participants will learn strategies for educating and working with groups of adolescents to define healthy relationships, understand guidelines for consent, recognize the warning signals of unhealthy relationships and communicate about relationship issues.

Participants will be able to:

- Describe the importance of educational interventions in helping patients, clients and students make healthy decisions about sexual relationships, especially adult-teen relationships.
- Describe their attitudes, feelings, and perspectives regarding adult-teen sexual relationships.
- Name at least two guidelines for determining sexual consent.
- Know current state laws about adolescent sexual relationships, including adult-teen relationships.
- Describe at least two educational strategies for educating groups of young people about healthy relationships.

This workshop is co-sponsored by MOAPPP, Minnesota Department of Education—Safe and Healthy Learners, and Planned Parenthood Minnesota, North Dakota, South Dakota.

Registration:

MOAPPP Member \$50/ Non-Member \$85
Registration includes lunch and materials.
Space is limited. Please register early.

Please complete the attached registration form and send with payment to:

MOAPPP
Attn: **Unequal Partners**
1619 Dayton Avenue, Suite 111
St. Paul, MN 55104

Cancellation Policy

Full refunds will be provided for cancellations received by MOAPPP on or before 1 week prior to event. No refunds will be given after this date. To cancel, contact MOAPPP at 651-644-1447 x10 or email moapp@moapp.org

Scholarships

To request a scholarship application, go to www.moapp.org or contact MOAPPP at 651-644-1447 x10. Include completed application with your registration form.

Continuing Education

Certificates of attendance will be distributed at the end of the training event. Participants self-report continuing education credits to their respective state boards.

Special Needs/ADA

Reasonable accommodations for people with disabilities will be provided but must be requested at least two weeks prior to the training event.

For more information, contact: Jocelyn Broyles @ jocelyn@moapp.org or 651-644-1447 ext 19

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Registration Form

Registration due to MOAPPP by January 8, 2008 - FAX: 651-644-1417

Name _____

Agency _____

Program _____ Title _____

Address _____

City _____ State _____ Zip _____

Primary County Served by _____ Other Counties Served: _____

Phone(_____) _____ E-mail _____

Who do you serve? (priority populations) Please check all that apply:

_____ African _____ African American _____ American Indian

_____ Asian/Pacific Islander _____ Caucasian _____ Hispanic/Latino

Do you serve adolescent parents? _____ yes _____ no

Do you provide special programming for GLBTQ youth? _____ yes _____ no

Please check if a vegetarian lunch is required.

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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: 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:

Contact Name:

Agency Name:

Mailing address:

City, State, Zip:

Phone number:

Mail or fax registration form to: MOAPPP
Attn: **Unequal Partners** Fax: 651-644-1417
1619 Dayton Ave Suite 111, Saint Paul, MN 55104