

# Meeting the Unique Needs of Adolescent Parents

Tuesday, March 10, 2009

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

**Are you new to adolescent parent work?**

**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:**

- National and state data related to adolescent parents
- Understanding developmental agendas of both adolescent parents and their children
- Key components of effective adolescent parent programs
- Where to find information and resources to support your work

Location: Temple Israel  
2324 Emerson Ave. S., Minneapolis 55405  
[Directions to Temple Israel](#)

Registration:  
MOAPPP member \$30/Non-member \$65  
*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

For more information:  
Contact Sue Fust at 651-644-1447 x 15 or [sue@moappp.org](mailto:sue@moappp.org)

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

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



Registration Deadline:  
**Tuesday, March 3**

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**Location:** Temple Israel 2324 Emerson Ave. S., Minneapolis 55405

**Registration deadline:** Tuesday, March 3, 2009

**For more information:** Sue Fust at 651-644-1447 x 15 or sue@moapp.org

## Meeting the Unique Needs of Adolescent Parents — Registration Form

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

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

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

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

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

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

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

### Registration Fees

\_\_\_ MOAPPP member \$30

\_\_\_ Non-MOAPPP member \$65

\_\_\_ 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: Adolescent Parent Program

1619 Dayton Ave Suite 111, Saint Paul, MN 55104

Fax: 651-644-1417