

Teen Pregnancy Prevention 101

February 25, 2009
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: Wilder Center
451 Lexington Parkway N, St. Paul, MN 55104

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 jill@moappp.org

Sponsored by the Minnesota Organization on
Adolescent Pregnancy, Prevention and Parenting
www.moappp.org



Registration Deadline:

Wednesday, February 18

Teen Pregnancy Prevention 101

February 25, 2009 — 9:00 a.m.-3:30 p.m.

Location: 451 Lexington Parkway N, St. Paul, MN 55104

Registration deadline: Wednesday, February 18, 2009

For more information: contact Jill Farris at 651-644-1447 x18 or jill@moappp.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