

AL-NC STD PREVENTION TRAINING CENTERS

REGISTRATION FORM

First Name	Middle Name	Last Name
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Degree (Example: MD, RN, BS, etc)	Current Occupation
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STD Expanded Role Certified? yes no
If yes, date of initial certificate _____

Address1

Address2

City	State	Zip	Country (If not USA)
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Phone with Area Code

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Fax with Area Code

Email Address

Course	Location	Date
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Fee due? yes no If yes, mail payment to:

AL-NC STD/HIV Prevention Training Center
Attention: Rick Meriwether
703 19th St. South, ZRB 242
Birmingham, AL 35294-0007

(Include copy of registration form)

To register for the training, complete this registration form, download and send by mail or email to the appropriate point-of-contact listed for the training.