

**AL-NC STD PREVENTION TRAINING CENTERS  
REGISTRATION FORM**

Name  
(First, MI, Last): \_\_\_\_\_

Degree  
(i.e., MD, RN, BS, MPH, etc): \_\_\_\_\_ Current Occupation: \_\_\_\_\_

STD Expanded Role Certified?  yes  no If yes, date of certificate: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Course: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Due?  yes  no **If fee is due please make checks payable to the site you will be attending.**

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.

Send registration information and check to:

**Guilford County**

Pay to the order of: Guilford County Public Health  
Attention: Rick Williams, PTC Registration

Address: Attention: Rick Williams  
Guilford County Health Department  
1100 East Wendover Ave.  
Greensboro, NC 27405  
Phone: (336) 641-3105 [email: rwillia0@co.guilford.nc.us](mailto:rwillia0@co.guilford.nc.us)

**Wake County**

Pay to the order of: Wake County Human Services  
Attention: Karen Best, PTC Registration

Address: Attention: Karen Best, HIV/STD Clinical Program Manager  
Wake county Human Services  
10 Sunnybrook Rd.  
Raleigh, NC 27610  
Phone: (919) 212-9575 [email: karen.best@wakegov.com](mailto:karen.best@wakegov.com)

**Include Copy of Registration Form**