

2008 Registration for APPCNC Trainings

Training Title: *Assessing Diverse Population for Programs that Fit*

Date: Wednesday, January 23, 2008

Time: 9:00 am – 4:30 pm

Location: APPCNC's Durham offices: 3708 Mayfair St., Suite 310, Durham, NC 27707

Registration Deadline: Friday, January 18, 2008

Fee: \$15.00

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

E-mail: _____

(One person per form; photocopy as needed.)

Payment Enclosed:

Check (make checks payable to APPCNC)

Credit card (circle one): Visa MasterCard

Name/Organization on card: _____

Card Number: _____

Expiration Date: _____ Signature: _____

Please note any special dietary needs here: _____

Return to:

Adolescent Pregnancy Prevention Coalition of NC

3708 Mayfair Street, Suite 310

Durham, NC 27707

Phone: 919-226-1880 Fax: 919-226-1884

(Please call before faxing so we'll know to look out for your form)

Confirmations: If you have not received confirmation of your registration one week prior to the session, you may not be registered. Contact Melinda DeJongh at 919-226-1880 (x. 108) or mdejongh@appcnc.org with any questions about confirmations.

Refunds and Cancellations: You may request a refund of your registration fee two weeks prior to the training date. After this time refunds will not be issued, but you are welcome to make a substitution.

IMPORTANT: If you need to request payment from your finance office, PLEASE go ahead and fax this form in to APPCNC. We can accept your registration before we've received payment, but if we have not received your registration form YOU WILL NOT BE SIGNED UP FOR THE TRAINING.