

REGISTRATION FORM

SKILL BUILDER BOOSTER SESSION

MAINE HEALTH EDUCATION LEARNING RESULTS IN ACTION

DATE: Wednesday, May 23, 2012 (8:30 a.m. to 3:00 p.m.)

PLACE: Burton Cross Office Building, Augusta, Maine

School Name: _____

School System: _____

Complete Address: _____

Phone: _____ Fax: _____

Email: (please print clearly) _____

Name #1: _____

Position: _____ E-mail: _____

Specials Needs: _____

Name #2: _____

Position: _____ E-mail: _____

Specials Needs: _____

Please fax to Jody Leary at (207) 624-6702 (phone: [624-6692](tel:624-6692)/hiv.doe@maine.gov)

Or mail registration to: Jody Leary, HIV Prevention Education Program, Maine Department of Education, 23 State House Station, Augusta, ME 04333-0023

If more than two people are attending, please copy this form. You will receive a confirmation and directions to the site via fax. Please be sure to include a fax number and clear e-mail address.

REGISTRATION DEADLINE: May 11, 2012

