

Registration Form

2007 Summer Institute in Adolescent Health

Engaging Youth: Working Together with Parents and Families

July 30-August 1, 2007

August 2 (graduate students only)

Name: First _____ MI _____ Last _____

Position/Title: _____

Employer: _____

Street Address: _____

City/State/Postal Code: _____

Daytime Telephone: _____ Fax: _____

Email Address: _____

- I agree to be listed in the registrant list for this program for distribution to participants
- I will register for graduate credit with Hamline University on the first day of the course
- I have registered for University of Minnesota Graduate Credit

Registration Fees:

- \$200 Institute Fee (CE or Hamline registrants)
Please check if you are the recipient of a registration award in one of the following categories:
 - ___ Minnesota Department of Education Safe Schools
 - ___ Minnesota Youth Community Learning (MYCL)
 - ___ Prevention Resource Center (PRC)
- \$150 Materials and Food Service Fee
(U of M credit registrants only. See section on graduate credit option)

Payment Method

Check payable to the University of Minnesota in the amount of \$ _____

Bill my employer/funder for \$ _____ (a purchase order is attached)

Credit \$ _____ to: ___ MasterCard ___ VISA

Account number: _____ Exp. Date: _____

Signature of Card Holder: _____

Register by mail, fax, or online.

Fax:

612-626-4525

Mail:

CPHEO Registrar
2221 University Av. SE #350
Minneapolis, MN 55414

Online:

Go to www.cpheo.sph.umn.edu/registration click on the online registration link and then select the course by date, July 30 or by title, Summer Institute in Adolescent Health.

Questions?

Call: 612-626-0606 or

Email: baum0272@umn.edu

Registration Deadline: July 16