Please complete and send the registration form above to:

Charlene Davis-Long

HIV Prevention Education – San Bernardino City Unified School District

1535 W. Highland Avenue Room 11

San Bernardino, CA 92411

Office: (909) 880-6716 Fax: (909) 880-6702

**Parent Health Institute**

Registration Deadline: Wednesday August 5, 2015

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Tables: \_\_\_\_\_\_\_\_\_\_\_\_

Please select the meal of your choice:

*Fettuccine Alfredo \_\_\_\_ Herb Garlic Chicken \_\_\_\_ Vegetarian Meal \_\_\_\_*

Registration Deadline: Wednesday, August 5, 2015

***Hosted by:***

San Bernardino City Unified School District


### August 12, 2015

### 9:00a.m. to 3:00 p.m.

### The Hotel

285 E. Hospitality Lane

San Bernardino, CA 92408

## **“Making Hope Happen Through Healthy Choices”**

# Parent Health Institute

Presenter/Vendor Registration Form