

SPHERE 2008 Regional Training Series Registration Form

Date	Topic	CEUs	Site	Place an "X" or a "✓" in the training(s) you wish to attend
January 22, 2008	Developing Client Educational Groups	5.5	Boston	
February 26, 2008	Harm Reduction	5.5	Brockton	
March 12, 2008	HIV & Homeless	5.5	Worcester	
April 1, 2008	Supporting Patient Communication Skills	5.5	Brockton	
May 6, 2008	HIV Confidentiality Issues (half-day)	3.0	Canton	
May 8, 2008	Hepatitis C & Youth	5.5	Boston	
June 4, 2008	Building Referral Capacity	5.5	Tewksbury	

PLEASE PRINT LEGIBLY:

Name	
Program/Agency Name	
Mailing Address	
Town, Zip Code	
Phone	
E-Mail	
Fax	
Are You the PAC?	Circle one: YES NO
Will you want CEUs?	Circle one: Social Worker Nurse CADAC
Are you a BSAS provider?	Circle one: YES NO
Please name your BSAS Contract Manager:	

REGISTRATION REMINDERS

1. Pre-registration is required. Lunch and food are not provided.
2. Space is limited; registration is on a first-come first-serve basis. Register early!
3. Directions will be e-mailed or faxed to you with confirmation.

Please complete the registration form and return it via fax, mail or email to:
Helen Edwards, SPHERE Evaluation Specialist at
SPHERE, 942 W. Chestnut St., Brockton, MA 02301
 Fax: (508) 583-2611 Phone: (508) 583-2250 ext. 228, E-Mail: hedwards@HCSM.org