

BUREAU OF HIV/STD PREVENTION TRAINING REGISTRATION FORM

NAME: _____

ORGANIZATION (If Applicable): _____

SUPERVISOR APPROVAL: _____

YOUR TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Please list the name of each course followed by date requested. A separate registration form should be used for each employee attending.

Name of Course (One Course per Form)	First Choice Date / Time	Second Choice Date / Time

Please fax, mail, or email completed form(s) to: HDHHS, Bureau of HIV/STD Prevention, Attention: Training Unit, 8000 N. Stadium Drive 5th Floor, Houston, Texas 77054.
Fax: 713-794-9295. Email: hivstdvhtraining@cityofhouston.net

Please Note:

- **Class sizes are limited and will be filled on a first-come, first-serve basis**
- **In order to attend any training courses, registration is required up to (5) business days prior to the class begin date.**
- **All cancellations and rescheduling requests must be made within (3) business days of scheduled session(s).**
- **Confirmation of receipt of registration will be sent via email or phone within (2) business days of receipt.**
- **Class dates and times may change at the discretion of HDHHS. If either date or time changes, registrants will be notified prior to begin date.**
- **Courses may be cancelled altogether at the discretion of HDHHS due to lack of participation or interest. If so, registrants will be notified prior to begin date.**