



LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEMORANDUM

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ATTACHMENT

Health Education Programs  
HIV/AIDS Prevention Unit

**REGISTRATION FORM**

*Positive Prevention STD/HIV Curriculum Training*

Saturday, August 9, 2014  
Planned Parenthood Los Angeles  
400 W. 30<sup>th</sup> Street  
Los Angeles, California 90007  
7:30 a.m. – 3:30 p.m.

(Please print information requested below.)

Teacher Name \_\_\_\_\_ Employee Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School Name and Location Code \_\_\_\_\_ Local District \_\_\_\_\_

School Phone Number \_\_\_\_\_ School Fax Number \_\_\_\_\_

Administrator's Name \_\_\_\_\_

**FAX completed form to:**

**Health Education Programs  
Attn: Tim Kordic  
(213) 241-3305  
by August 7, 2014**