



## Meeting the Unique Needs of Adolescent Mothers and Fathers

Thursday, February 24, 2011  
9:00 a.m. to 4:00 p.m.

Minnesota Department of Education  
Room CC14  
1500 Highway 36 W, Roseville  
*Do not use MapQuest for directions!*

Cost: \$75 members    \$110 non-members

### Objectives for this training:

- National & state data related to teen parents
- Competing developmental agendas of teen parents & their children
- Key components of effective teen parent programs
- Systems impacting teen parents
- Practical tips and ideas for working with teen parents

Continental breakfast and lunch will be served

#### Partial scholarships are available.

MOAPPP is committed to making this training available to all professionals who wish to attend. To request a scholarship application, contact [moapp@moapp.org](mailto:moapp@moapp.org).

Certificates of attendance will be distributed at the end of the training event. Participants self-report continuing education credits to their respective state boards. Reasonable accommodations for people with disabilities will be provided but must be requested at least two weeks prior to the training event.

#### For more information:

Contact Sue Fust at 651-644-1447x 15, [sue@moapp.org](mailto:sue@moapp.org)



# Meeting the Unique Needs of Adolescent Mothers and Fathers

Registration due: February 17, 2011

Mail or fax registration form with payment to:  
MOAPPP, 1619 Dayton Ave Suite 111, St. Paul, MN 55104  
Fax: 651-644-1417

Registration fees:

- \_\_\_\_\_ MOAPPP member \$75
- \_\_\_\_\_ Non-MOAPPP member \$110
- \_\_\_\_\_ I would like to become a MOAPPP member!  
\$50 individual; \$150 Organization (if you join today,  
you may register at the member rate.)

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Program \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County/Counties Served \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Method of payment

Check or credit card number must accompany your registration form (please choose only one).

- Check enclosed made payable to MOAPPP.
- Visa     Mastercard     American Express     Discover

Card # 

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Expiration Date 

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Signature \_\_\_\_\_

Name, billing address & zip for Card \_\_\_\_\_

Bill my agency using purchase order # \_\_\_\_\_ (Choose the option only if your agency needs a purchase order to make a payment.)

**Cancellation Policy:** MOAPPP reserves the right to cancel any training with insufficient registration. Register early to avoid cancellation! Full refunds will be provided to registrants who provide at least one week's notice prior to training. No refunds will be given after that time. To cancel, contact MOAPPP at 651.644.1447 x 10, 1.800.657.3697, fax 651.644.1417 or email moapp@moapp.org.