Print Form

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DHWDC-STD
FAX: 517-241-0875
Attn: Carole French
Questions: 517-241-0868

-Administrative Use Only-

STD TRAINING APPLICATION FORM

Please **PRINT** clearly or type. Fill out a separate application form for each person **and** for each training.

Name: Position:

Agency:

Agency Address:

Preferred Mailing Address:

Phone: Fax:

E-mail address:

Supervisor's name: Supervisor's Phone:

Please register me for the following workshop:

Syphilis 101/ Advanced Interviewing for Gonorrhea and Chlamydia.

June 17, 2008 - Chippewa County

Note: Applications that are not completely filled out will be returned. Applications for each training will be reviewed at the time of the application deadline for that training.

Mail or fax applications for the STD Trainings to:
Carole French, MDCH/DHWDC, Washington Square,
109 W. Michigan – 9th Floor, Lansing, MI 48913
Fax: (517) 241-0875. Phone: (517) 241-0868