

**Centers for Disease Control and Prevention**  
**National Center for HIV, STD, and TB Prevention/Division of HIV/AIDS Prevention / Capacity**  
**Building Branch and**  
**Public Health Practice Program Office, Division of Laboratory Systems**

**Registration Form for 2004 Rapid HIV Test Training**

Completion of this form indicates your intention to attend the course indicated. This registration will NOT be processed without your supervisor's signature. You will receive confirmation of enrollment when your registration is processed. **In order to have an accurate count of participants and to ensure your enrollment in the course, please return your completed registration form as soon as possible.** On-site registration may not be available for this course.

1. **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Paid Employee:** \_\_\_ Yes \_\_\_ No \_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone/Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Type of Agency (check one):**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> State Health Dept.    | <input type="checkbox"/> Local Health Dept.       | <input type="checkbox"/> Substance Abuse     | <input type="checkbox"/> Indirectly Funded CBO            |
| <input type="checkbox"/> Non-Governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections         | <input type="checkbox"/> CDC-Funded Demonstration Project |
| <input type="checkbox"/> National Org.         | <input type="checkbox"/> Family Planning          | <input type="checkbox"/> Directly Funded CBO | <input type="checkbox"/> Other _____                      |

2. Please mark up to **two** selections, indicating a 1<sup>st</sup> and 2<sup>nd</sup> choice for the date(s) you are requesting. (Note: This course is intended for those who perform rapid HIV testing *or* their supervisors.)

<input type="checkbox"/> May 11-13	Durham, NH	<input type="checkbox"/> July 7-9	Las Vegas, NV	<input type="checkbox"/> August 10-12	Atlanta, GA
<input type="checkbox"/> May 25-27	Springfield, IL	<input type="checkbox"/> July 27-29	Frankfort, KY	<input type="checkbox"/> August 24-26	Atlanta, GA
<input type="checkbox"/> June 22-24	Houston, TX	<input type="checkbox"/> August 4-6	Columbus, OH	<input type="checkbox"/> September 15-17	Shoreline, WA

Note. CDC is endeavoring to offer additional courses in 2004 in areas serving Georgia and New York. Watch the CDC rapid test Web site for more details: [http://www.cdc.gov/hiv/rapid\\_testing/](http://www.cdc.gov/hiv/rapid_testing/).

3. **SUPERVISOR'S SIGNATURE:** \_\_\_\_\_  
 (Your supervisor MUST sign this form to indicate knowledge of, and agreement with, your registration.)

4. **PROGRAM MANAGER/LAB DIRECTOR NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
 (Person listed on CLIA certificate if your agency has one)

**AGENCY ADDRESS:** \_\_\_\_\_ **CITY/STATE/ZIP:** \_\_\_\_\_  
 (Required) (Required)

**A CLIA Certificate of Waiver is NOT required to attend training. Please provide this information if available:**

5. **CLIA CERTIFICATE NUMBER:** \_\_\_\_\_ **Or DATE OF CLIA CERTIFICATE APPLICATION:** \_\_\_\_\_

Please fax registration to 404-639-0944 (Attn: Theresa Folsom). For registration, cancellation, course information, or accommodation for a disability, please contact Theresa Folsom at 404-639-0982 or [tfm0@cdc.gov](mailto:tfm0@cdc.gov).

It is advised that you make travel arrangements after receiving confirmation of enrollment. Thank you!