

<b>FAX: Please complete by computer, print, &amp; fax OR print, complete by hand and fax. Fax registration form to (340) 692-4015.</b>								
<b>EMAIL: Please complete by computer, save document, attach document to email, and send email to <a href="mailto:dcstar@uvi.edu">dcstar@uvi.edu</a>.</b>								
<b>STD/HIV Conference - U.S. Virgin Islands - February 23 &amp; 25, 2010</b>								
<b>Registration Form - Day Sessions</b>								
<b>First Name</b>				<b>Last Name</b>				
<b>Title</b>				<b>Organization</b>				
<b>Address</b>								
<b>City</b>				<b>State</b>		<b>ZIP</b>		
<b>Phone</b>				<b>FAX</b>				
<b>Email</b>								
<b>Please mark the box next to the conference date you plan to attend.</b>				<b>February 23, 2010 - St. Croix</b>		<b>February 25, 2010 - St. Thomas</b>		
<b>Please mark the box next to the session(s) you plan to attend.</b>	<b>Morning Sessions - PLEASE NOTE: The morning sessions are concurrent. You must select EITHER Track 1 OR Track 2.</b>			<b>TRACK 1: HIV &amp; Primary Care</b>				
				<b>TRACK 2: Adolescents &amp; Counseling</b>				
	<b>Afternoon Session</b>			<b>Sexual Health Issues in the U.S. Virgin Islands</b>				
<b>What Type of Provider Are You? (Please mark the box to the left of the provider type)</b>	<input type="checkbox"/>	<b>Case Mgr</b>	<input type="checkbox"/>	<b>LICSW</b>	<input type="checkbox"/>	<b>Nutritionist</b>	<input type="checkbox"/>	<b>School Nurse</b>
	<input type="checkbox"/>	<b>CNA</b>	<input type="checkbox"/>	<b>LPN/LVN</b>	<input type="checkbox"/>	<b>Pharm</b>	<input type="checkbox"/>	<b>Teacher</b>
	<input type="checkbox"/>	<b>CNM</b>	<input type="checkbox"/>	<b>MD</b>	<input type="checkbox"/>	<b>PharmD</b>		
	<input type="checkbox"/>	<b>Counselor</b>	<input type="checkbox"/>	<b>MSW</b>	<input type="checkbox"/>	<b>PhD</b>		
	<input type="checkbox"/>	<b>DDS</b>	<input type="checkbox"/>	<b>NP</b>	<input type="checkbox"/>	<b>RN</b>		
	<input type="checkbox"/>	<b>Other (Please Specify)</b>						