

**FAX:** Please complete by computer, print, & fax OR print, complete by hand and fax. Fax registration form to (340) 692-4015.

**EMAIL:** Please complete by computer, save document, attach document to email, and send email to [dcstar@uvi.edu](mailto:dcstar@uvi.edu).

**STD/HIV Conference - U.S. Virgin Islands - February 23 & 25, 2010**

**Registration Form - Evening Session**

<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>Type of Practice (Select One)</b>		<b>Medical</b>		<b>Dental</b>	<b>Pharmacy</b>

*The evening program is designed for a team of key personnel in medical and dental practices as well as pharmacies. Please list the names of your key staff members (for example -- Office Managers, Technicians, Nurse Practitioners, etc) that will join you at the evening program. Each practice/retail pharmacy may send up to 3 participants. If you have questions, please call us at 692-4014 or email [dcestar@uvi.edu](mailto:dcestar@uvi.edu).*

<b>First Name</b>	<b>Last Name</b>	<b>Position</b>	<b>Email</b>