



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEMORANDUM**

ATTACHMENT

**Due: March 14, 2011**

Health Education Programs  
HIV/AIDS Prevention Unit

**REGISTRATION FORM**  
***AIDS UPDATE CONFERENCE***

Monday, March 21, 2011  
The California Endowment  
1000 N. Alameda Street  
Los Angeles, California 90012  
7:30 a.m. – 3:30 p.m.

(Please print information requested below.)

Teacher Name \_\_\_\_\_ Employee Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School Name and Location Code \_\_\_\_\_ Local District \_\_\_\_\_

School Phone Number \_\_\_\_\_ School Fax Number \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

**FAX completed form to:**

**Health Education Programs  
Attn: Tim Kordic  
(213) 241-3305**