



American Red Cross

REQUEST FOR

**POSITIVE PREVENTION TRAINING  
HIV/STD Education for America's Youth  
Middle School/High School or Special Populations**

Please Print:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Agency \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**MAKE CHECKS PAYABLE TO: Positive Prevention.**

**Mail or Fax to:**

**Cost of Training:** \$2500.00 /One day

Positive Prevention

presentation which includes all travel

Attention: Christine Ridley  
HIV/STD Project Center  
601 North "E" Street  
San Bernardino, CA 92410-3093  
Fax (909) 386-2940

Date Requested for Training: \_\_\_\_\_

***Additional questions or available training dates should be discussed with Christine Ridley at (951) 544-1900 prior to completing this form.***

***If Board approval is needed for a consultant contract for this training, please attach the contract for our signature. Positive Prevention will sign the contract and return for your Board action. We can not provide the training until your Board has approved the contract. Please fax the approved contract following the Board's approval. We also need to have a purchase order number or check before scheduling the requested training.***

***Purchase order number:*** \_\_\_\_\_

\_\_\_\_\_  
**Program Manager Signature**

\_\_\_\_\_  
**Date**