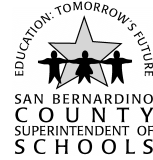




American Red Cross



San Bernardino County Superintendent of Schools

**POSITIVE PREVENTION TRAINING
HIV/STD Education for California Youth
Middle School or High School**

REQUEST FORM

Please Print:

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Cost of Training: \$1500.00 / One day presentation (which includes all travel)

Training Date(s) Requested: _____

MAKE CHECKS PAYABLE TO: SBCSS

Mail or Fax to:

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

Additional questions or for available training dates, please contact Christine Ridley at (909) 386-2910.

If Board approval is needed for a consultant contract for this training, please attach the contract for our signature. SBCSS 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 before scheduling the requested training.

Purchase order number: _____

Program Manager Signature

Date

