



Registration Form

PROGRAM EVALUATION TRAINING

The Alaska Native Epidemiology Center (EpiCenter) is hosting **Program Evaluation Training, May 25 & 26, 2016**. The object is that participants gain the confidence and skills to write an evaluation plan for their grants and/or programs. The workshop will be held in Anchorage, AK, **8:30-4:00 daily**. Lunch is provided. The cost is **\$75.00** per person.

Space is limited. A complete application is required. Priority will be given to those in the Alaska Tribal Health System, however others are encouraged to apply. If your registration is accepted, you will receive confirmation and additional course details.

Completed applications are due no later than 5:00 pm Friday, May 6, 2016. Applications may be submitted via email to anepicenter@anthc.org or by fax to (907) 729-4569. Confirmation of your placement will be sent **no later than Friday, May 13, 2016.**

Name:		Position/Title:	
Organization:		Department:	
Organization Address: (City/State/Zip)		Organization Email:	
Organization Phone:	Organization Fax:	Cell:	
DATA for grant purposes		Travel Assistance AN/	
<input type="checkbox"/> Alaska Native/American Indian		<input type="checkbox"/> AI and work for a Tribal Organization	<input type="checkbox"/> MSPI/DVPI Grantee

Personal Statement is Required (applications without this will be considered incomplete): On a separate page please write a sentence or two for each question: 1) How will this education/training enhance your current work? 2) What specific program or project do you intend to apply this workshop to?

REGISTRATION FEE: \$75.00

SELECT METHOD OF PAYMENT

Option 1: CREDIT CARD				Option 2: ANTHC COST CENTER TRANSFER	
VISA	MC	AMEX	DISC	<i>Please enter your Cost Center Information</i>	
Cardholder Name:				Cost Center Name:	
Billing Address:				Cost Center Number:	
State:		Zip:		Print Name of Supervisor:	
Credit Card Number:				Supervisor Signature:	
Expiration Date:		CVC Code:			
Cardholders Signature:				Deposit in Cost Center 754313 EpiCenter Tribal Shares	
Option 3: CHECK or PURCHASE ORDER					
Payable to: Alaska Native Tribal Health Consortium Memo: DST					
Mail to: P. Ruuti C/O ANTHC, HCB CHS EpiCenter Suite 201, 3900 Ambassador Drive, Anchorage, AK 99508					

Participant Signature: _____ Date: _____

NOTE: Refunds for cancellations will be issued and substitutions may be approved upon our receipt of your written notice received at least 3 business days prior to the event. No exceptions.