

Spring 2014 Tobacco Prevention Institute



Tuesday, March 25, 2014
Kings Inn Hotel & Conference Center
Pierre, SD
9am-4:30pm CST



Key Topic Areas

Advancing Public Policy
Emerging Tobacco Products
Post-Secondary Toolkit

Target Audience

Tobacco Control Program Grantees
Local Coalition Members
Prevention Specialists
School Administrators
Counselors
Educators
Post-Secondary Representatives
Interested Adults

Accommodations

A block of rooms are set aside for the evening of March 24th at the Kings Inn Hotel in Pierre.

Participants are responsible for making their own room reservations by calling (605) 224-5951 and stating they are with the "Tobacco Prevention Institute".

In order to guarantee the group rate, **it is necessary to make your room reservation by March 10th.** Lodging for the evening of March 24th will be **FREE** for all individuals who are registered for the Institute.

Scholarships

Scholarship assistance is available on a first come, first serve basis to provide reimbursement for travel costs including roundtrip mileage to Pierre, per diem for an evening meal on March 24th, and/or a substitute teacher on March 25th. Please indicate your desire for scholarship assistance below.

Credit

Application will be made for Hours of Continuing Professional Training through the Board of Addiction and Prevention Professionals (BAPP). Teacher Renewal Credit through the SD Department of Education will also be available.

REGISTRATION DEADLINE

Monday, March 10th
Registration is FREE!

Sponsored by: SD Department of Health-Tobacco Control Program, NE Prevention Resource Center-Human Service Agency, and Tobacco Technical Assistance Consortium

Questions? E-mail: roshalf@humanserviceagency.org OR Phone: (605) 884-3538

Please mail or fax your completed registration form to:

Mail: Roshal Rossman
Human Service Agency
Po Box 1030
Watertown, SD 57201

Fax: (605) 884-3522
Attn: Roshal Rossman

Register Online

To complete the online registration form, please visit:
<https://www.surveymonkey.com/s/Spring2014Institute>
Please click "Done" to submit your registration.

Name _____ Email Address _____

Partnership/School/Coalition/Agency Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone _____ Home/Cell Phone (in case of inclement weather) _____

Please register me for: **Breakout 1** **Breakout 2** **Breakout 3** (Please circle **two** options. Agenda with topics is on back.)

Are you requesting scholarship assistance? (Please circle) **Yes** **No**

If "Yes", please indicate what type of scholarship you are requesting: (Please circle all that apply)

Roundtrip Mileage (\$.37 per mile)

\$12 per diem (Evening meal on March 24th)

Substitute Teacher (\$75 maximum)