REGISTRATION FORM The Summer Research Training Institute for American Indian and Alaska Native **Health Professionals** Occupation _____ Address ____ Telephone _____ Fax _____ E-Mail I would like to register for the following courses: Week of June 18-22 Week of June 11-15 **Epidemiology Methods** Introduction to Epidemiology Data Analysis with SAS **Environmental Epidemiology** Database Management Using STATA and **Program Evaluation** EpiData Questionnaire Design Cost benefit analysis **Human Subjects Protection** Maternal Child Health Week of June 25-29 Research Design & Grant Development **Conducting Focus Groups** Grant Budget Development & Management Registration confirmation will be sent. Tuition is due by May 30th. if you are requesting Tuition Scholarship. Eligible candidates must be American Indian or Alaska Native. Please include proof of tribal enrollment or a letter of support from your tribal community with this registration form.

registration forms can be sent to: Luella Azule Northwest Portland Area Indian Health Board 527 SW Hall, Suite 300 Portland, OR 97201 e-mail: summerinstitute@npaihb.org

fax: 503-228-8182

^{**}Please register for courses no later than May 15th.