

**Delta Watershed Fish Project – Training on Fish Contamination
TRAINING FOR TRAINERS REGISTRATION FORM**

The Delta Watershed Fish Project is offering a **Training for Trainers** on how to use our new curriculum. The purpose of the training curriculum is to assist public health agencies, community groups, health care providers, and others in educating the public about fish contamination issues.

The curriculum consists of 5 modules with different interactive activities that you can tailor for your needs. Topics include:

- Introduction to Training
- Health Benefits and Concerns of Eating Fish
- How to Eat Fish Safely
- How to Share Information with Others
- Closing and Evaluation of Training

Wednesday, September 14th, 2005
9am – 4 pm
Dept. of Health Services, 1500 Capitol Avenue, Sacramento
Hearing Room, 1st Floor

\$10 (please contact us if you need a scholarship)
Lunch and Training Binder included

Registration Deadline: August 26, 2005
Space is Limited!!!

For questions contact Sun Lee at slee@dhs.ca.gov

The Delta Watershed Fish Project, coordinated by the California Department of Health Services/Environmental Health Investigations Branch, is an inter-organizational effort to reduce exposure to mercury and other chemicals among populations that consume fish caught in the Delta watershed. The project works in collaboration with other state and local agencies and community-based organizations, in undertaking outreach, education, training, and research activities to address this concern.



Training on Fish Contamination – Training for Trainers – September 14, 2005
Mail completed form and check to: Attn: Kristen Nelson, IAI, 2166-F Avenida de la Playa, La Jolla, CA 92037. Make Checks Payable to: Impact Assessment, Inc. - Put in memo: Fish Training

- Yes, I would like to register. I've enclosed \$10 to reserve my space.
- I have special dietary needs for lunch: _____
- No, I cannot attend but put me on your mailing list for future trainings.

Name _____ Position _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____