



women's
health clinic



REGISTRATION FORM | SEXUAL HEALTH FACILITATOR TRAINING

March 17th, 24th & 31st, 2017 | 9:00am-4:30pm | Birth Centre - 603 St. Mary's Rd, Winnipeg MB

Registrant Information

First Name

Last Name

Organization

Job Title

Phone Number

Cell Phone Number

Fax Number

Street Address

City

Postal Code

Email Address

Briefly describe the type of work you do, including the clientele you primarily work with.

Specific Registration Requests/Details



Payment Information (payment for this training is due by March 15th)

VISA Mastercard Cheque (payable to Women's Health Clinic) Invoice

Card Number

Expiry Date

CVC

Name on the Card

Signature

Name/Organization to Bill

Street Address

City

Postal Code

Receipts will be provided on the first day of training.

Additional Information

Light snacks will be provided. Do you have any food allergies and/or sensitivities?

Please send the completed registration form (with payment) to Women's Health Clinic:

By Email

Health Promotion Program Assistant
register@womenshealthclinic.org

By Mail

Women's Health Clinic - Health Promotion
419 Graham Ave, 1st Floor
Winnipeg, MB R3C 0M3

