

Save the Dates

Teen Dating Violence: Be Part of the Solution

October 7, 2009 - 9:30-1:30

Jamie Dorman,
Director of Development and Community Outreach
Suffolk County Coalition Against Domestic Violence

Sexuality, Reproductive Health and Latinos: Reducing the Disparities

November 18, 2009 - 9:30-1:30

Giokazta Molina Schneider
Bi-lingual Educator
Planned Parenthood of Nassau County

It's More than Just the Law: Adolescent Sexuality and their Rights

December 3, 2009 - 9:30-1:30


Christina Noonan
Training Coordinator
Planned Parenthood Hudson Peconic

To register please fax or mail this form to:

Planned Parenthood Hudson Peconic, Inc.
 C/O Education and Training Department
 70 Maple Avenue
 Smithtown, NY 11787
 Fax: 631-361-7672

Please Note:

Pre-registration is required
Registration deadline is one week prior to training
 All trainings are \$25 each
 Fees include materials and light breakfast
 Questions, please contact Melissa Ptak: 631-240-1130

	Fee	Date/Time	Location	Training	Trainer
	\$25	Wednesday, October 7 9:30-1:30 Registration Deadline: September 1	PPHP Training Room 70 Maple Avenue Smithtown, NY 11787	Teen and Dating Violence: Be Part of the Solution	Jamie Dorman <i>Suffolk County Coalition Against Domestic Violence</i>
	\$25	Wednesday, November 18 9:30-1:30 Registration Deadline: November 11	PPHP Training Room 70 Maple Avenue Smithtown, NY 11787	Sexuality, Reproductive Health and Latinos: Reducing the Disparities	Giokazta Molina- Schneider <i>Planned Parenthood of Nassau County</i>
	\$25	Thursday, December 3 9:30-1:30 Registration Deadline: November 23	PPNC Training Room 540 Fulton Ave Hempstead, NY 11550	It's More than Just the Law: Adolescent Sexuality and their Rights	Christina Noonan <i>Planned Parenthood Hudson Peconic</i>

Contact Information: (Please Print)

Name: _____
 Title: _____
 Agency/School: _____
 Address: _____
 City: _____
 State: Zip: _____
 Phone/Fax: _____
 Email: _____

Please make check payable to:

PPHP/Training Dept.
 Total Amount Due: _____
 Payment: Enclosed To be sent PO#: _____
 Please charge my: Visa MasterCard Discover AmEx
 Card Number: _____
 Exp. Date: ____ / ____ / ____
 Cardholder Signature: _____