

Save the Dates

Building Your Contraception Toolbox

October 15, 2009 - 9:30-1:30

Stacy Silverstein & Abigail Anderson
Training Manager Education Coordinator

Planned Parenthood Hudson Peconic

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

November 19, 2009 - 9:30-1:30

Stacy Silverstein
Training Manager

Planned Parenthood Hudson Peconic

Older, Wiser, Sexually Smarter: Strategies for Teaching Sexuality to Older Adults

December 10, 2009 - 9:30-1:30

Bill Taverner,
Director of the Family Life Education


Planned Parenthood of Greater Northern New Jersey

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	Thursday, October 15 9:30-1:30 Registration Deadline: October 8	PPHP Training Room 175 Tarrytown Road White Plains, NY 10607	Building Your Contraception Toolbox	Abigail Anderson, & Stacy Silverstein <i>Planned Parenthood Hudson Peconic</i>
	\$25	Thursday, November 19 9:30-1:30 Registration Deadline: November 12	PPHP Training Room 175 Tarrytown Road White Plains, NY 10607	It's More than Just the Law: Adolescent Sexuality and their Rights	Stacy Silverstein <i>Planned Parenthood Hudson Peconic</i>
	\$25	Thursday, December 10 9:30-1:30 Registration Deadline: December 3	PPHP Training Room 175 Tarrytown Road White Plains, NY 10607	Older, Wiser, Sexually Smarter: Strategies for Teaching Sexuality to Older Adults	Bill Taverner <i>Planned Parenthood of Greater Northern New Jersey</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: _____