Planned Parenthood®
of Central New Jersey

# Request for Speaker / Program

**Topics include, but are not limited to:**

- Contraception
- Sexual Decision-Making
- Sexually Transmitted Infections
- HIV/AIDS
- Sexual Orientation
- Sex and the Media
- Body Image/Self-Esteem
- Healthy Relationships
- Communication Skills
- Date Rape
- Parent-Child Communication
- Sex Under the Influence
- Puberty/Hygiene
- Anatomy and Reproduction

## Community Education Workshops

**in *English & Spanish***
**for students, parents, & community groups.**

Whenever possible, we ask that a laptop and projector be provided for presentations (if needed). If your agency CANNOT provide these, please let the educator know in advance.

**Please submit this form and driving directions to:**

**Planned Parenthood® of Central New Jersey**
**Attn: Education Department**
**69 East Newman Springs Rd, P.O. Box 95**
**Shrewsbury, NJ 07702**
**(732) 842-9300 / (732) 842-9338 (Fax)**

***~ Advanced notice is recommended ~***
***please submit 4-6 weeks prior to date requested.***

Today's Date_____

Organization/School _____

Name of Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ X- _____ Alt Phone _____

Fax _____ Best Time to Call _____

E-Mail _____

**About the Requested Program:**

Proposed Topic(s) _____

Proposed Date(s) _____

Time/Length of Session(s) _____ Est. Number of Participants _____

Age of Participants_____ Do you need Bilingual Educator? _____

Name of Educator (only if specific educator is requested)_____

Other relevant information _____

***Allow us to design a program to meet your specific needs. For more information on topics, fees, and scheduling, call (732) 842-9300.***