



Trauma Informed Care Workshop (1/2 day)

Please check the date you are registering for:

__ Oct 5/16 __ Nov 9/16 __ Jan 11/17 __ (Thurs) Mar 9/17 __ May 10/17

Contact information (required):

Name: _____ **Day Tel #:** _____

(Please print)

Email: _____

Agency: _____

Registration: \$25.00 (cheque payable to Klinik Community Health)

Submit registration to: Leslie Debrecen, Klinik – 870 Portage Ave Wpg MB R3G 0P1

Mailing Address, including Postal Code: *(Receipts will be mailed)*

NOTE: We reserve the right to cancel due to insufficient registration. Minimum one-week written notice of cancellation of registration is required for a full refund.