



Klinik
Community
Health Education

Suicide Loss and Bereavement for Service Providers Workshop (1/2 day)

Please check the date you are registering for:

Jan 18/17 ___ **Feb 22/17** ___ March 29/17 ___ April 26/17 ___ May 31/17

Contact information (required):

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

(Please print)

Email: _____

Agency: _____

Position: _____

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.