My Voice, My Choice &
The Self Advocacy Advisory Council
Present a Workshop on Sexuality & Healthy Relationships

http://www.cds.hawaii.edu/myvoice/

Easter Seals Napuakea
Makakilo, Hawaii
Friday, January 15, 2010
9:00am-12 Noon

Registration Form

(Please print or type legibly)

Name:______________________________________________________________
Title:____________________________________________________________
Institutional Affiliation:______________________________________________
Mailing Address:_____________________________________________________
Street:_________________________________________________________________
City:________________________________ State:_________ Zip:__________
Phone:________________________ Fax:_______________________________
E-mail Address:_______________________________________________________

Brief Background Description and Areas of Interest Related to Sexuality & Healthy Relationships:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please rate your experience with sex & relationships:	 Beginner:_____
Advanced:_______

ALTERNATIVE FORMATS AND ACCOMMODATIONS
Please indicate if you require Leadership Academy materials in:
Other_____________________________________________________________

Please indicate if you require
Sign Language Interpretation  Closed Captioning  Assistive Listening Device
Other Communication Assistance _________________________________________

Are there any other accommodations needed to participate in the workshop?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For more information, contact: Nathan Say at 808.956-5472 or email
nesay@hawaii.edu
Please email completed registration form to Nathan Say at nesay@hawaii.edu or
fax to Nathan’s attention at 808-956-7878.
REGISTRATION ON A FIRST COME, FIRST SERVED BASIS.

*Because of limited space, participants will be selected in the order of applications received*

Funded by U.S. Department of Health and Human Services (DHHS) Administration for Children and Families (ACF) and Administration on Developmental Disabilities (ADD)