

Integra® Community Consultation – Workshop Registration Form



1. Contact Information

Name of your agency or organization: _____

Contact name: _____

Phone #: _____ Fax #: _____

Address: _____

Address of Workshop Venue: _____

2. Workshop Request Information (Please check off type of workshop requested):

- | | |
|---|---|
| <input type="checkbox"/> Walk a Mile in My Shoes | <input type="checkbox"/> Understanding Anxiety |
| <input type="checkbox"/> Understanding ADHD & LDs | <input type="checkbox"/> Developing Social Skills |
| <input type="checkbox"/> All about Moods | <input type="checkbox"/> Music and LDs |
| <input type="checkbox"/> Enhancing Self Esteem | <input type="checkbox"/> Self Advocacy |
| <input type="checkbox"/> Nonverbal LDs and Aspergers Syndrome | <input type="checkbox"/> Bullying and LDs |
| <input type="checkbox"/> Other (please suggest) _____ | |

Target Audience (please check all that apply):

- Parents Teachers Helping Professionals Students (specify grades) _____
 Other (describe): _____

Length of Workshop (please check) **Anticipated size of audience:** _____

- 1 ½ hrs 3 hrs 1/2day Other:

Requested Date of Workshop: _____ **Time:** _____

Goal(s) of Workshop: (please comment on any particular learning needs or objectives for your group):

Additional Comments:

If you have any questions or concerns, please feel free to call Integra® at 416-486-8055 and ask for Community Consultation.

Please complete the above form and return to Integra® via email, fax, mail or drop off

Fax: 416-486-1282 – **Please call Reception at above number to confirm fax was received.**

Email: communityconsultation@integra.on.ca

Mail: Integra® - Community Consultation

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