

Workshop Request Form

Please note: We provide workshops **Tuesday through Friday only.**

Organization/School: _____ **Phone** _____ x _____

Contact Person _____ **Job Title** _____ **Fax** _____

Address _____

Email _____ **Room #** _____

Do you have access to a projector for Power Point presentations? Yes No

Notes/Comments that would be helpful for us to know when preparing for your workshop: *(i.e. class is majority English learners.)*

List of Topics

<u>Sexual Health</u>	<u>Healthy Living</u>
Reproductive Anatomy	Healthy Relationships
Sexually Transmitted Infections	Healthy Sexuality
HYPE (HIV/AIDS)	Body Image
<i>* Please use HYPE Request form</i>	Puberty 101
Barrier Methods	Alphabet Soup (LGBTQ+)
Birth Control Methods/Contraception	Intimacy and Media Literacy
	Sex: Making it right for you
	Substance Use 101/201

Please return to Community Health Coordinator- Jacqueline Nuila, 415-745-3536

Workshop Request #1

Workshop Topic:	Date:	Time:

Workshop Request #2

Workshop Topic:	Date:	Time:

Please return to Community Health Coordinator- Jacqueline Nuila, 415-745-3536