



Dr. Elizabeth Schroeder Educational Presentation

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Organization or School: _____

**Holiday Inn Hotel & Conference Center
226 17th Street
Rock Island, IL 61201**

SESSION I – Monday, September 13, 2010, 6:30 p.m. – 8:30 p.m.
Sexuality Education at Home: A Workshop for Parents
This presentation is for parents and other interested community members.
Cost: FREE Registration not required. Presentation is open to the public.

SESSION II – Tuesday, September 14, 2010, 8:30 a.m. – 4:00 p.m.
Sexuality Education Basics: Strategies for Teaching about Sexuality to high school/middle school students.
What about the Boys? Teaching sexuality accurately and effectively with boys.
These presentations are for social service professionals, educators, nurses, school counselors, parents, and others who work with youth.
Cost: \$40 per person includes continental breakfast and lunch.

Earn CEUs!

I am enclosing a check for \$ _____ Please charge my (circle one): Visa MasterCard

Card Number: _____ Exp. Date: _____

Name as it appears on your credit card: _____

Please submit completed registration form by September 9, 2010.

E-mail

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Mail

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