Meeting the Needs of Special Education Students in Human Sexuality Education

January 25-26, 2018 at Baker University

Registration

NAME:_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP CODE**_____

Email address: _____

***Please scan your registration and send it via email to Dr. Lang*: dlkansas@gmail.com**
This will allow Health Endeavors to make sure that payments match registrations.
Then mail the registration form with the check or purchase order to Health Endeavors at the address below:

Payment: $195 (includes workshop materials)

____ Check (Number: _____) or ____ Purchase order (Number: _____)

Make payments payable to: **Health Endeavors: Consulting and Training, LLC**
c/o Dr. Darrel Lang - President
P.O. Box 2316
Emporia, KS 66801