**Workshop Registration Form**

**Sexual Violence Landscape**

**Andrea Black ©**

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027 276 4515

**Please complete to secure your place.**

**Date you are attending:** 27th August Whangarei

6th September Wellsford

24th September Orewa

**Name of participant:**

**Phone contact:**

**Postal address:**

**Email:**

**Organisation:**

**Occupation/role:**

**Paid $100 YES NO**

Bank Account

02-0308-0006871-083

**Refreshments and a ligh lunch provided.**

**My dietrary requirements are**

**Allergies:**

**Relevant information the facilitators need to know:**

**My purpose for attending this workshop is:**

**Thank you, we look forward to seeing you.**