



## CDI LDMH Services Community Education and Engagement Program Workshop Registration Form

### 1. Contact Information

Contact name: \_\_\_\_\_  
Name of agency or organization: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address of workshop venue: \_\_\_\_\_

### 2. Workshop Request Information

***(Please note the topics and content of our workshops can be tailored)  
Typically, one topic can be covered within 1.5 hours, additional topics add  
about one hour to a presentation. Topics denoted with \* are specific topics  
subject to facilitator availability***

- |   |  |
|---|--|
| <input type="checkbox"/> Walk a Mile in My Shoes                            | <input type="checkbox"/> The Social Impact of LDs                    |
| <input type="checkbox"/> Executive Functioning, Emotion Regulation, and LDs | <input type="checkbox"/> Navigating Social Media and Technology*     |
| <input type="checkbox"/> Understanding Memory and LDs                       | <input type="checkbox"/> Supporting Advocacy and Self-Determination* |
| <input type="checkbox"/> Learning Disabilities and Mental Health (LDMH)*    | <input type="checkbox"/> Understanding Psychology Assessments*       |
| <input type="checkbox"/> Understanding Anxiety and LDs                      | <input type="checkbox"/> Tailoring Therapy for LDMH*                 |
|   | <input type="checkbox"/> Other (please describe):<br>_____           |

### 3. Target Audience

- |   |   |
|---|---|
| <input type="checkbox"/> Parents / Caregivers         | <input type="checkbox"/> Teachers / Educators                   |
| <input type="checkbox"/> Social Service Professionals | <input type="checkbox"/> Students (please specify grades):_____ |
| <input type="checkbox"/> Camp Staff                   | <input type="checkbox"/> Volunteers                             |
| <input type="checkbox"/> Other: _____                 |   |

Anticipated size of the workshop: \_\_\_\_\_

### 4. Length of Workshop

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 hour (\$250.00)   | <input type="checkbox"/> 1½ hour (\$300.00)   | <input type="checkbox"/> 2 hour (\$350.00) |
| <input type="checkbox"/> Half day (\$500.00) | <input type="checkbox"/> Full day (\$1000.00) |  |



**5. Requested Date and Time of Workshop**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**6. Workshop Fee**

- I agree to pay the fee stated above
- I need to discuss the fee further

**7. Goal(s) of Workshop**

Please comment on any particular learning goals and objectives for your group:

**8. Additional Comments**

Please add any additional comments:



## 9. Completing Workshop Registration Form

Once you have completed the Workshop Registration Form please return it to the Community Education and Engagement Program at CDI's LDMH Services by email, fax, mail, or in person.

Email: [ldmhcommunity@childdevelop.ca](mailto:ldmhcommunity@childdevelop.ca)

Fax: 416-572-8692 (please phone reception at 416-603-1827 x5221 to confirm fax was received)

Mail: CDI LDMH Services – Community Education and Engagement  
25 Imperial Street, 4th Floor  
Toronto, ON, M5P 1B9

If you have any questions or concerns, please feel free to contact Mahsima Nosrati-Inanlou or Torie Patterson with the Community Education and Engagement team at [ldmhcommunity@childdevelop.ca](mailto:ldmhcommunity@childdevelop.ca) or 416-603-1827 x5233 or x5234.