Peer Leadership Institute 727 Massachusetts Ave, Boston, MA 0211

single workshop	
workshop series	\Box

Workshop Request Form

's Date:// Name of Orga	· · · · · · · · · · · · · · · · · · ·			
of Program: Youth Center □ School □	Health Center □	J		
ame of Requester:		Phone #	Phone #: Ext:	
ing Address:			 	
il:				
kshop Location (please provide directions	via public transit):			
	Workshop Ir	nformation:		
	s below. The latest p		om and all workshops are 90 minutes ou need a later start time.	
Substance Use/Abuse Preferred Workshop Date:// Alternate Workshop Date://	Start Time:	End Time:	☐ Alcohol Use/Risk☐ Marijuana-Law/Risk☐ Types of Drugs- Effects	
Sexual Health Education Preferred Workshop Date:// Alternate Workshop Date://	Start Time:	End Time: End Time:	☐ Addiction/Seeking Help	
Leadership 101 Preferred Workshop Date:// Alternate Workshop Date://	Start Time:Start Time:	End Time:	☐ Birth Control/Prevention	
Refusal Skills Preferred Workshop Date:// Alternate Workshop Date://	Start Time: Start Time:	End Time:End Time:	Risks Anatomy	
			 □ Conflict Resolution □ Communication □ Personal Branding/Social Medi 	
			□ S.T.O.P.□ 3 types of Peer Pressure□ Goals and Obstacles	

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Description of Workshops:	Workshop Request Form	