



**Seaway Valley
Community Health Centre**
Working with you for a Healthier Community



Rainbow Health Ontario
Sherbourne Health Centre
333 Sherbourne Street
Toronto, ON, M5A 2S5

CLINICAL TRAINING

Trans and Gender Diverse Health Care

Registration Form

Name: _____

Position: MD NP MSW RN

Other (please specify) _____

Organization: _____

Telephone: _____

Email Address: _____

Dietary Requirements: _____

Please select the session(s) you will attend:

- Friday, November 23rd – Hormone Replacement
- Friday, December 7th – Transition Related Surgical Planning and Referrals

Registration Cost: \$20 per person/session

Payment and registration form to be sent to:

Seaway Valley Community Health Centre
Attention: Sarah Roy
353 Pitt St, Cornwall, Ontario K6J 3R1

Cheques payable to:

Seaway Valley Community
Health Centre

Questions?

Please contact Sarah Roy at roys@seawayvalleychc.ca