# Bring A Rhythm2Recovery Training Workshop to Your Region

# CONTACT SHEET

**THE FOLLOWING INDIVIDUALS, SCHOOLS OR SERVICE ORGANISATIONS HAVE MAD A COMMITMENT TO ATTEND A RHYTHM2RECOVERY TRAINING WORKSHOP IF IT CAN BE SCHEDULED IN THEIR REGION**

**NAME OF COORDINATOR** ……..

**CONTACT EMAIL FOR COORDINATOR** ……..

**REGIONAL AREA AND PROPOSED VENUE LOCATION**……

| NAME | ORGANISATION | EMAIL |
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**FOR FURTHER INFORMATION CONTACT SIMON FAULKNER AT SIMON@RHYTHM2RECOVERY.COM**