



# Yes, my organization wants to be a Let's Talk Month Partner!

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Include the following activity/event on the LTM calendar:**

**Name of activity/event:**

**Contact Person:**

**Date:**

**Time:**

**Location:**

**Short description:**

**Other**



**TEENWISE**  
MINNESOTA

*The source on adolescent sexual health and parenting*