

# Challenging Structural Substance Use Stigma Workshop

## Registration Form

---



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

ASSOCIATION  
CANADIENNE DE  
SANTÉ PUBLIQUE



1. What is your name (first and last)? \_\_\_\_\_  
*We'll use this to communicate with you.*

2. What is your email address? \_\_\_\_\_  
*We'll use your email to confirm your registration and provide you with information about the workshop.*

3. What is your primary job title? \_\_\_\_\_  
*This helps us understand at a high-level the job functions of those who are joining us.*

4. In what ways do you work to support people who use or have used drugs?  
*Please choose all that apply.*

- Provide healthcare services
- Provide social services
- Advocate for people with lived and living experience
- Develop and/or administer programs (e.g., harm reduction supports, etc.)
- Develop and/or oversee policy
- Other

5. How many years of experience do you have working in support of people who use drugs:  
*Please share the approximate number of years' experience you have.*

- 0 - 1 year
- 2 - 4 years
- 5 - 8 years
- 9 - 12 years
- More than 12 years
- I don't know

6. Do you have any allergies, dietary restrictions or accessibility needs you would like to share? \_\_\_\_\_

7. Do you have any questions about the workshop?  
*Write them here, and we'll do our best to get back to you via email.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. How did you hear about this workshop?  
*This information will be used to understand where people are joining from and who referred them.*

- From an organization (please specify) \_\_\_\_\_
- Forwarded by a colleague \_\_\_\_\_
- Other (please specify) \_\_\_\_\_