**Expert/Trainer’s Quotation:**

**Trainer’s Name**

Based on the Awareness sessions topics description provided by WATAD,

I **Mr. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** offer my services and expertise as per the attached CV to the “EmpowerHer” project. I ensure my availability and agree to provide the awareness Session in the topics:

|  |  |  |
| --- | --- | --- |
| **Awareness Topics** | **Yes** | **No** |
| Menstrual Health and Hygiene |  |  |
| Breast Health Awareness |  |  |
| Reproductive Health and Family Planning |  |  |
| Postpartum depression, Anxiety, and Stress |  |  |
| Sexual Health Education |  |  |
| Pregnancy and Childbirth |  |  |
| Menopause and Aging |  |  |
| Nutrition and Diet |  |  |
| Pelvic Health and Incontinence |  |  |
| Preventive Care and Screening |  |  |

For a fees of \_\_\_\_\_\_ USD per Session

NB:

* Every session is 3 hours including 20 minutes coffee break.
* Every topics may be delivered up to 5 times
* The session will be delivered at Nozha Medical Center – Tripoli – Abou Samra – Shalfeh area

Tripoli: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_