

Max M2M Pleasure Workshop Registration Form

Please fill out this form and mail it, along with your **check (payable to Jallen Rix)** to:
Max M2M, c/o Mark Hollenstein, 304 Lily Street, San Francisco, CA 94102

Please print the following information.

Name: _____ Date: _____

Phone Number: (_____) _____ Birth Date: _____

Complete Mailing Address: _____

Email: _____

How did you hear about this workshop?

Do you have any dietary constraints?

Do you have any medical or physical challenges you think we ought to know about?

To get you thinking about our day together, please tell us a little about yourself:

To what degree do you feel comfortable being naked with other gay men? (check the box next to your answer):

- Completely comfortable (What are clothes?)
- Somewhat comfortable (I don't mind showering at the gym)
- Somewhat UNcomfortable (I keep my speedo on at the nude beach.)
- Very UNcomfortable (It's all about layers.)

What other touch and sexuality workshops have you experienced, if any?

What is it about this workshop that intrigues you to participate. In other words, what do you hope to experience?

What else would you like us to know about you?