

Name:

## SEX-ESTEEM: DEVELOPING SEXUALITY CONFIDENCE June 10<sup>th</sup>, 2016, 8:30 - 5 PM REGISTRATION FORM

## REGISTRATION INFORMATION MUST BE RECEIVED NO LATER THEN FRIDAY MAY 20<sup>TH</sup>, 2016

Please note that this 1-day workshop is offered for adults with a developmental disability and their Support Person. We understand that some people may need one to one support and others may not. We expect at least one agency support staff per person, or per group of people that register. Please use your discretion when registering.

If you have any questions please contact Joanne Lubansky at 519 663 5317 ext. 3631 or at joanne.lubansky@mlhu.on.ca

PARTICIPANT: \$35.00

Address: Phone #: **Dietary Concerns/** Allergies/Restrictions (Please specify) **SUPPORT PERSON: \$35.00** Name: Address: Phone#: Email: Dietary/Allergies Payment to be made to the Middlesex-London Health Unit. Return form(s) to: Joanne Lubansky, Sexual Health, Middlesex-London Health Unit, 50 King St., London, ON N6A 5L7. **Enclosed:** □ Cheque \$35.00 x \_\_\_\_\_(# of registrants) = \_\_\_\_\_ ☐ Money Order \$35.00 x \_\_\_\_\_(# of registrants) =\_\_\_\_\_ RECEIPTS TO BE GIVEN ON JUNE 10th AT THE WORKSHOP