**SEX & YOU!**

 **CONSENT COMMUNICATION CONFIDENCE**

**REGISTRATION INFORMATION MUST BE RECEIVED NO LATER THEN**

**MONDAY MAY 1ST, 2017, PAYMENT DUE FRIDAY MAY 5TH, 2017**

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 discretion when registering.

**If you have any questions please contact Janet Shaule at 519 663 5317 ext. 2216 or at janet.shaule@mlhu.on.ca**

**PARTICIPANT: $35.00**

|  |  |
| --- | --- |
| **Name:** |  |
| **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: Janet Shaule, Sexual Health, Middlesex-London Health Unit,**

**50 King St., London, ON N6A 5L7 or fax to 519-663-8273**

**Enclosed:** 􀂆 Cheque $35.00 x \_\_\_\_\_ (# of registrants) = \_\_\_\_\_\_\_\_\_\_\_\_

􀂆 Money Order $35.00 x \_\_\_\_\_ (# of registrants) =\_\_\_\_\_\_\_\_\_\_\_\_

 **RECEIPTS TO BE GIVEN ON MAY 26TH AT THE WORKSHOP**