



## REGISTRATION FORM

<b>Name of Outlet</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone No</b>	
<b>Contact Person</b>	
<b>E-Mail Address</b>	

### What does your organisation do?


### Why do you want to register?


### Who are your main service users?

- |                      |                          |                           |                          |
|----------------------|--------------------------|---------------------------|--------------------------|
| Young People         | <input type="checkbox"/> | Men who have sex with men | <input type="checkbox"/> |
| Sex Industry Workers | <input type="checkbox"/> | Injecting Drug Users      | <input type="checkbox"/> |
| HIV Positive People  | <input type="checkbox"/> | General Population        | <input type="checkbox"/> |

### How do you envisage distributing the condoms within a Health Promotion framework?
