



# Take Control of Your Health

## Notification of Upcoming Workshop

**SUBMIT THIS FORM BEFORE WORKSHOP STARTS!**

Site Name		Workshop Dates		Start Time		
Address		City	County	Zip Code		
Host Organization		Language (if other than English)				
Peer Leader/Master Trainer 1		Telephone Number	Email Address			
Peer Leader/Master Trainer 2		Telephone Number	Email Address			
Peer Leader/Master Trainer 3		Telephone Number	Email Address			
Program Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Chronic Disease Self-Management Program  <input type="checkbox"/> Tomando Control De Su Salud  <input type="checkbox"/> Diabetes Self-Management Program  <input type="checkbox"/> Programa de Manejo Personal de la Diabetes  <input type="checkbox"/> Cancer Thriving and Surviving Workshop (CTS)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Chronic Pain Self-Management Program (CPSMP)  <input type="checkbox"/> Positive Self-Management Program for HIV  <input type="checkbox"/> Workplace CDSMP  <input type="checkbox"/> Building Better Caregivers (BBC)         </td> </tr> </table>					<input type="checkbox"/> Chronic Disease Self-Management Program <input type="checkbox"/> Tomando Control De Su Salud <input type="checkbox"/> Diabetes Self-Management Program <input type="checkbox"/> Programa de Manejo Personal de la Diabetes <input type="checkbox"/> Cancer Thriving and Surviving Workshop (CTS)	<input type="checkbox"/> Chronic Pain Self-Management Program (CPSMP) <input type="checkbox"/> Positive Self-Management Program for HIV <input type="checkbox"/> Workplace CDSMP <input type="checkbox"/> Building Better Caregivers (BBC)
<input type="checkbox"/> Chronic Disease Self-Management Program <input type="checkbox"/> Tomando Control De Su Salud <input type="checkbox"/> Diabetes Self-Management Program <input type="checkbox"/> Programa de Manejo Personal de la Diabetes <input type="checkbox"/> Cancer Thriving and Surviving Workshop (CTS)	<input type="checkbox"/> Chronic Pain Self-Management Program (CPSMP) <input type="checkbox"/> Positive Self-Management Program for HIV <input type="checkbox"/> Workplace CDSMP <input type="checkbox"/> Building Better Caregivers (BBC)					
Would you like to have this workshop marketed through the state listserv? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, contact information for registration: _____ _____						

**Submit to your Master Trainer or NJDHS at [andrew.biederman@dhs.state.nj.us](mailto:andrew.biederman@dhs.state.nj.us); Fax: 609-588-7630**