

Master trainers complete and return this form
when scheduling a peer leader training.



Take Control of Your Health

Notification of Upcoming Peer Leader Training

Site Name		Training Dates		Start Time
Address		City	Zip Code	
Host Organization		Language (if other than English)		
Master Trainer 1	Telephone Number	Email Address		
Master Trainer 2	Telephone Number	Email Address		
Master Trainer 3	Telephone Number	Email Address		
Program Type:				
<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"/> Manejo Personal de la Diabetes		
<input type="checkbox"/> Cancer Thriving and Surviving Workshop				
Would you like to have this workshop marketed through the state listserv? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the contact information for registration:				