



WORKPLACE REGISTRATION FORM

Please complete the below form to have your organization added as a "locale/workplace." If your organization has multiple locations, you may complete one form or may choose to complete multiple forms for multiple sites. Send the completed and signed form to the Kentuckiana Health Alliance, 1930 Bishop Lane, Ste 1023, Louisville, 40218, rdeaton@ford.com, or fax to 502-238-3606.

Workplace/Labor/Organization name exactly as you would like published on website: _____

Organization Address: _____

Organization Type: _____

No. of Employees/Members: _____

Organization Website: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Contact Fax: _____

Participation Goal: _____

The participating worksites agree to:

- Encourage employee participation goal of 25% of population.
- Make blood pressure screenings available at least once annually; resource contacts for free screenings are available.
- Assign a coordinator to lead the effort at the worksite.
- Allow my organization's name to be listed as a participating organization.

Organization Contact Person

Date

Underwritten by:

Anthem
FOUNDATION, INC.

Coordinating Partners:

Kentuckiana Health Alliance
Kentucky Diabetes Network
UAW/Ford Community Healthcare Initiative

Mayor's Healthy Hometown Movement
YMCA of Greater Louisville
Norton Healthcare, Inc.