



Workplace Wellness

IMPORTANT REMINDER

Workshops scheduled during working hours require that you make the appropriate arrangements with your supervisor before registering. (It is at the supervisor's discretion whether the workshop is seen as acceptable as an in-service training).

To enroll in any classes, please complete and fax this whole form to 558-8483 or send it via ID Mail to Rosemarie Cardona, BHRS – WW. You will be notified by phone or e-mail for confirmation within 48 hours upon receipt of registration form. If you do not receive any type of confirmation within 48 hours, please call Workplace Wellness at 558-8466.

PLEASE PRINT CLEARLY

NAME: _____ DAYTIME PHONE#: _____

GUEST'S NAME (for workshops given by VFCU only): _____

PLACE OF EMPLOYMENT (mark one):



DEPARTMENT NAME (not Program): _____

WORK E-MAIL ADDRESS: _____

WORKSHOP TITLE

DATE & TIME

1. _____

2. _____

3. _____

Would you like to be reminded by (mark one): E-mail? Phone?

NOTE TO SUPERVISORS:

To enroll your employees, please have them either fax their own enrollment form at 558-8483 or call Workplace Wellness at 558-8466.

FOR WORKPLACE WELLNESS USE ONLY

Entered by & Date: _____ Confirmed by & Date: _____

www.workplacewellness.org