



PARTICIPANT INFORMATION FORM

We will join the celebration of *Women & Girls' Wellness Month* in the following way:

Date _____ Time _____ Name of event _____

Description _____

Location _____ Cost _____

Advance Deadlines/Registration Requirements _____

Contact for further information (phone, email, URL) _____

(If you are hosting more than one event, be sure to send a listing for each event/program.)

- We would like *Women & Girls' Wellness Month* bookmarks. (\$6 per hundred) (Number _____ Date(s) when we would like to have them _____)
- We would like *Women & Girls' Wellness Month* T-shirts @ \$13 including postage (Number of each size) S _____ M _____ L _____ XL _____ Date(s) when we would like to have them _____
- We would like to support *Women & Girls' Wellness Month* with a contribution. \$ _____

Name of individual or Organization _____

URL for Organization Website _____

If Organization, Contact Person _____ Title _____

Address _____

E-mail _____ Phone _____ Fax _____

Send this form to: **Women's Health Virginia**

By postal mail: 1924 Arlington Blvd., Suite 203, Charlottesville, VA 22903

If you are not ordering materials and paying by check, you can also e-mail: whvnet@womenshealthvirginia.org or fax: (434) 220-4545

For payments for bookmarks, T-shirts or contributions, please make check payable to Women's Health Virginia or provide credit card information as follows:

Name on card _____ Type of Card (circle) MC Visa AmEx Diners Discover

Card Number _____ Expiration Date _____

Address on card if different from above _____