

Health Promotion for People with Disabilities Project

Division of Chronic Disease Prevention and Control
www.vdh.virginia.gov



Virginia Department of Health
109 Governor St., 10th Floor
Richmond, VA 23219
Phone: 804-864-7877
Fax: 804-864-7880

Email: holly.tiller@vdh.virginia.gov

Participant Contact Form

| | | | | | |
|--|---------------------------------|---|--|---|--|
| First Name: | | Middle: | | Last: | |
| Mailing Address: | | | | Telephone: | |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| | | | | Alternate Telephone: | |
| | | | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | |
| City: | State: | Zip Code: | | Fax: | |
| What organization, if any, are you representing? | | | | E-Mail: | |
| | | | | Website: | |
| Please describe yourself. (Check all that apply.) | | | | | |
| <input type="checkbox"/> Person with a disability | | <input type="checkbox"/> Service provider | | <input type="checkbox"/> Concerned citizen | |
| <input type="checkbox"/> Family member of a person with a disability | | <input type="checkbox"/> Representative of an advocacy organization | | <input type="checkbox"/> Representative of a government agency | |
| <input type="checkbox"/> Other: please describe): | | | | | |
| In which of the following formats are you able to receive and use future reports and information? | | | | | |
| <input type="checkbox"/> print copy | <input type="checkbox"/> CD-ROM | <input type="checkbox"/> Download from website | | <input type="checkbox"/> e-mail attachment | |
| <input type="checkbox"/> Alternate format (please specify): | | | | | |

Thank you for your participation!