

# TENNESSEE HEART DISEASE AND STROKE PROGRAM PARTNER FORM

You can also fax or mail this form to us.

**I give permission to be publicly acknowledged on the Program web site and in the Program's promotional materials.**

Yes

No

**I am volunteering to be a partner as an:**

Individual

Organization

**What is the full name of your organization or group?**

**What type of organization do you represent?**

Health Care Delivery

Retail / Business Setting

Health Plan / Insurer

Worksite/ Employer

Public Health Department

Faith Community

Government Agency

Community Group

Communication / Media

Nonprofit

School / College / University

Food Service / Restaurant

Research Institution

Professional Association

Recreational / Sports Setting Coalition

Other

**Describe your/ organization's service focus:**

