



Workshop Registration Form

Cancer and Cardiovascular Health

For Women and Men aged 40-64

Place a √ next to the training and the language it will be conducted in.

- Breast Cancer ___ English ___ Spanish ___ Haitian Creole
- Cervical Cancer ___ English ___ Spanish ___ Vietnamese
- Colorectal Cancer ___ English ___ Spanish ___ Cape Verdean Creole
- Cardiovascular Health ___ English ___ Spanish ___ Cape Verdean Creole
- Prostate Cancer ___ English ___ Spanish

Pick a day and time and we'll come to you

Complete and fax, mail or email this form to:

**Boston Public Health Commission
 Outreach Division
 Attn: Javier Gutierrez
 1010 Massachusetts Avenue 2nd FL
 Boston, MA 02118**

Fax: (617) 534-2365 Phone: (617) 534-5359 E-Mail: Javier_Gutierrez@bphc.org

Agency/Organization Name: _____ **Contact Person:** _____

Phone: () _____ - _____ **E-mail Address:** _____

Agency/Organization Address: _____

Audience: _____ Male _____ Female _____ Both

Preferred Date (1st choice) ____/____/____ **Preferred Time** (1st choice) _____ am/pm

Preferred Date (2nd choice) ____/____/____ **Preferred Time** (2nd choice) _____ am/pm

BPHC Staff Use Only

Confirmed Date: _____	Confirmed Time: _____
Confirmed Location: _____	Expected Number of Participants: _____
Area of Interest: _____	Preferred Language: _____
Audience Type: _____	