



## Cover Sheet for PATH Workshop *Participant Information Forms*

**Instructions:**

- Please complete and return this form (along with *Participant Information Forms*) within one day of the first workshop session.
- Mail to:  
**MDCH**  
**Attn: PATH Program, 7<sup>th</sup> floor**  
**PO Box 30195**  
**Lansing, MI 48909**
- If the workshop is canceled or rescheduled, please notify us at [MichiganPath@gmail.com](mailto:MichiganPath@gmail.com).
- Questions? Contact Annemarie Hodges at [HodgesA5@Michigan.gov](mailto:HodgesA5@Michigan.gov) or (517) 335-8402.

PATH Workshop

Diabetes PATH Workshop

Tomando Workshop

Starting Date:		Workshop Time:	
Course ID:		Location ID:	
Location Name:			
Leader #1 Name:			
Leader #2 Name:			
Forms submitted by: (please provide contact info directly below)			
Phone: (    )       -       ext		Email:	
Was a Session 0 (zero) offered as part of this workshop? (Session "0" is an optional pre-workshop demonstration/information session.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			