PATH Workshop Summary Form

Step 7

Instructions:

- Please complete and return this form (along with *Workshop Evaluation Forms* and *Workshop Attendance Sheet*) within three days of the last workshop session.
- Mail to:

  MDCH
  Attn: PATH Program, 7th floor
  PO Box 30195
  Lansing, MI 48909
- Questions? Contact Annemarie Hodges at 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:	
# Participants Enrolled: (attended at least 1 of the first 2 sessions)		# Participants Completed: (attended 4 or more sessions)	
Notes:			