



Form for Participating Organizations



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*



How to get involved?

The “Guide to Participating Organizations,” available at www.paho.org/wellnessweek, was developed for countries and cities in the Americas that wish to become part of this initiative. This document, along with other communication materials, describe in detail the steps required to participate in Wellness Week each year.

Also, to facilitate the dissemination and promotion of the event, a Wellness Week blog was developed, <http://new.paho.org/blogs/wellnessweek/>, so that countries have a space to share their experiences and information about events that will take place in different cities during that week.

Visit our Wellness Week Website

<http://new.paho.org/wellnesweek2012>

Check our Facebook page

<http://www.facebook.com/PAHONCDs>

Follow us on twitter: http://twitter.com/#!/NCDs_PAHO



Form for Participating Organizations

Application Form to be recognized as Participating Organizations

- Yes, mi organization formally comitts to support Wellness Week.
- Yes, mi organization accepts the guidelines and criteria described in this form.
- Yes, mi organization agrees to support a healthy municipal, a healthy nation, a healthy world.

I. Participating Organization Contact Information (Please print legibly)

Name of Organization _____

Street Address _____

City, State/Province, Zip/Postal code _____

Country _____

Name of Responsible Person _____

Title _____

Email Address _____

Work Phone _____

Cell Phone _____

Signature _____

Date _____

II. Specific Activities Proposed for Wellness Week

1. Description of event or activity: (Please be specific and list all important details)
2. Date(s) and time(s) of activity/event:
3. Specific location of activity/event: (please list address)
4. What specific arrangements are necessary for this activity to occur? (Space, lead time required to organize, set-up event, registration, etc.)
5. List any special approval(s) needed to implement the event/activity:
6. Will social media be used as part of the event/activity planned during Wellness Week?
7. List products, services or information that will be distributed at event:

III. Type of Support for Wellness Week:

(Please check the one(s) your organization would like to support)

- Organize and coordinate an event or activity for the Wellness Week
- People/time resources donated
- Advertising/campaigns to support Wellness Week
- Activities/events Management
- Donation of building, outside space, open spaces, etc. for a Wellness Week activity or event
- Donation of materials or products with the Wellness Week logo (T-shirts, water bottles, lineyards, pedometers, etc)
- Technology Resources
- Other _____

Please return completed form and description of products to be distributed in the event (if applicable) to:

Dr. Sofialeticia Morales
Health Promotion and Social Determinants Coordinator
Telefono: 202-9743106
email: moraless@paho.org