

# HEALTHY POLICIES FOR HEALTHY CHILDREN ACTION INSTITUTE - 4/27/2012 REGISTRATION FORM

Complete the form below to register for the "Healthy Policies for Healthy Children Action Institute" on April 27, 2012 from 8am – 12:30pm at Columbus Public Health. You can also register electronically at [www.tinyurl.com/healthyweights](http://www.tinyurl.com/healthyweights)

## YOUR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Organization: \_\_\_\_\_

## YOUR ORGANIZATION'S INFORMATION

Is your organization (Please select all that apply):

- For-profit     501(c)(3)     Government agency     Faith-based     School/educational center  
 Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, **do you require specific aids or services?** (Please select all that apply.)

- Audio     Mobile     Visual     None

**How does your organization serve pregnant women?** (Please select all that apply.)

- Our program does not serve pregnant women.  
 Pregnant women can participate in any of our programs.  
 We plan some programs specifically geared toward pregnant women.  
 We exclusively serve pregnant women.

Comment: \_\_\_\_\_

**How does your organization serve children from birth to 5 years?** (Please select all that apply.)

- Our program does not serve children birth to 5 years.  
 Children birth to 5 years can participate in any of our programs.  
 We plan some programs specifically geared toward children birth to 5 years.  
 We exclusively serve children from birth to 5 years

Comment: \_\_\_\_\_

## YOUR EXPERIENCE

**Please indicate your professional level of experience in implementing policy change strategies** (circle one):

1. No experience    2. Some experience    3. Extensive experience    4. Expert

**How many years have you been engaged in policy change efforts** (circle one)?

1. No experience    2. Less than a year    3. 1-4 years    4. 5-10 years    5. More than 10 years

## SUBMIT THIS FORM BY FAX OR MAIL

Fax: (614) 645-5888, Attn: Cheryl Graffagnino  
Mail: Cheryl Graffagnino  
Columbus Public Health  
240 Parsons Ave., Columbus OH 43215

**Registration deadline is April 23, 2012**

Questions? Contact Cheryl Graffagnino at (614) 645-0867 or [CLGraffagnino@Columbus.gov](mailto:CLGraffagnino@Columbus.gov)

*This event is supported by a 2011 ACHIEVE grant. ACHIEVE is sponsored by the Centers for Disease Control and Prevention and administered by the National Association of County and City Health Officials.*