

# It's Your Health on the Line



## WORKPLACE REGISTRATION INFORMATION

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Work Site Location: \_\_\_\_\_

Number of Staff at Site: \_\_\_\_\_

Please check this box if you HAVE clothespins and string that you can use from a previous year.

Register your workplace today! We will send you a package with everything you need to participate. Fax, Email or Call to register your workplace by April 18, 2018. Your support is greatly appreciated.

Fax: 634-2870

Email: [cmhi.adm@gmail.com](mailto:cmhi.adm@gmail.com)

Telephone: 634-4322