NDHN
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Northern Ontario Aboriginal Diabetes Initiative

Workshop Request Form

Six Diabetes Workshops

Facilitated by Darryl Tonemah

Contact information

Name of Aboriginal Community/Organization: _____

Name of Contact Person: _____

Phone Number of Contact Person: day: _____ evening: _____

Email of Contact Person: _____ Fax of Contact Person: _____

Request details

Select the workshop you are interested in:

Workshop 1: Motivating Ourselves for Powerful Health Behavior Change ☐

Workshop 2: Understanding the Emotions Behind Change ☐

Workshop 3: The Community and the Diabetes Prevention Program ☐

Workshop 4: Wellness from Home to Work ☐

Workshop 5: Defusing the Stress ☐

Workshop 6: Physical and Lifelong Activity for Youth (P.L.A.Y.) ☐

Planned number of participants: _____

Planned workshop location (provided by community/organization): _____

_____

Travel arrangements for presenters

Accommodation (indicate what will be made available):	hotel	☐	billeted	☐
Meals (indicate what will be made available):	restaurant	☐	provided	☐
Available travel from nearest airport (if applicable):	taxi	☐	provided	☐

Comments

_____

Please fax your request to the NDHN at 1-807-623-5454

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