

WISCONSIN DIABETES STRATEGIC PLAN ENDORSEMENT

Instructions: Use the tab key to move through the form. Save the completed form to a hard drive. Email the saved form to wingja@dhfs.state.wi.us, or print a copy and fax to Wisconsin Diabetes Prevention and Control Program at (608) 266-8925.

Note: Your endorsement may be publicly acknowledged on the Diabetes Prevention and Control Program web site and in plan-related materials.

1. I am endorsing the Wisconsin Diabetes Strategic Plan as an:

- Individual (Go to number 6) Organization

2. Give your full name, or the name of organization or group:

3. List the standard abbreviation or acronym, if any, used by the organization or group:

4. What type of organization do you represent? (Choose up to three)

- | | |
|--|---|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Communication/Media |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Health Care Delivery |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> Government Agency Non-Profit |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Recreational/Sports Setting | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Retail/Business Setting | <input type="checkbox"/> School/College/University |
| <input type="checkbox"/> Work site/Employer | <input type="checkbox"/> Other |

5. I can provide a link from my organization's web site to the Wisconsin Diabetes Strategic Plan (located at <http://dhfs.wisconsin.gov/health/diabetes/stratplan.htm>).

- Yes, and I will No

6. What Wisconsin Diabetes Strategic Plan activities can you and/or your organization work on to help us accomplish the goals?

Contact Information (The following information will be kept confidential)

Contact Name: _____ Credentials: _____

Organization (if applicable): _____

Position/Title: _____

Mailing Address: _____

Telephone No. () _____ Fax No. () _____

E-mail: _____

Website: _____