



# Healthy Aging Workshop Notification Form



Please submit this form a minimum of 2-3 months in advance to be listed on the Healthy Aging Website.

### Workshop to be offered:

- A Matter of Balance (MOB)
- Tai Ji Quan: Moving for Better Balance (TJQ)
- Powerful Tools for Caregivers (PTC)
- Living Well with Chronic Conditions (CDSMP)
- Living Well with Diabetes (DSMP)
- Arthritis Foundation Exercise Program (AFEP)

<b>Sponsoring Agency:</b>	
Leader #1:	Leader #2:
Name:	Name:
Phone:	Phone:
Email:	Email:

Workshop Site:	
Address:	County:
Contact person for registration: (if different from leader)	Phone:
	Email:

### Workshop Dates:

Session 1:	Session 5:
Session 2:	Session 6:
Session 3:	Session 7: <i>(if applicable)</i>
Session 4:	Session 8: <i>(if applicable)</i>
<b>Workshop Time(s):</b>	

### Workshop Location Type:

- Faith-based organization
- Residential facility
- Workplace
- Health care organization
- Senior center
- Other
- Park facility
- Other community center

Is the event open to the public?  Yes – public  No - private

Is there a cost to workshop participants?  Yes  No

If yes, please describe the costs:

### Please submit completed forms to:

Kelly Wolle  
 Minnesota River Area Agency on Aging®  
 201 N Broad St., Suite 102  
 Mankato, MN 56001  
 Email: kwolle@mnraaa.org  
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 Phone: 507-387-1256 x102

Changes made from previous submitted form  
 Reason for Change:

Office use only	Date Received: _____	Date added to Health Aging calendar: _____
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