



Better Choices, Better Health Workshop Authorization Request

To be completed by requesting organization and sent to Hanna de Geest at hanna.degeest@hhs.iowa.gov prior to the start of the workshop.

Workshop Information:

County:		Town:	
Location:		Time:	
Start Date:		End Date:	
Check here if this is a virtual workshop <input type="checkbox"/>			

Peer Leader Contact Information:

Workshop lead name:
Email:
Phone number:
Organization:
How did you market your workshop or how do you plan to market your workshop?
Co-facilitator 1: Date trained: Date of last workshop conducted:
Co-facilitator 2: Date trained: Date of last workshop conducted:



To be completed by the Iowa Department Health and Human Services

Date received:	Date entered:
Workshop held:	Workshop canceled:
Number of participants:	