



## WVCHIP Workshop Request Form

Request Date: \_\_\_\_\_

County: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Community Outreach Workshop

\_\_\_\_\_ Business Workshop

\_\_\_\_\_ Provider Workshop

\_\_\_\_\_ Faith-based Workshop

\_\_\_\_\_ School-based Workshop

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Estimated # of people to attend: \_\_\_\_\_

**Please return form to Pamela Gunter  
WVCHIP State Capitol Complex  
1900 Kanawha Blvd. E.  
Bldg. 3 Room 554  
Charleston, WV 25305  
Phone: (304) 558-2732 Fax: (304) 558-2741  
Or email form to: [pamelagunter@wvdhhr.org](mailto:pamelagunter@wvdhhr.org)**