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**Living Well with Chronic Conditions – Take Charge of Your Diabetes  
– Cancer: Thriving and Surviving Workshop Information Form**

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**Instructions to the Workshop Leaders:** Please provide the requested details about this Workshop.

1. Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Workshop Leaders' Names:

\_\_\_\_\_  
First Name Last Name Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Workshop Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

4. What type of workshop is this?

- Living Well With Chronic Conditions Program
- Take Charge of Your Diabetes Program
- Cancer: Thriving and Surviving Program

5. Number of program participants *enrolled*, attending at least 1 session: \_\_\_\_\_

**Please return this form to the Program Coordinators by mail, fax or e-mail (contact information below) within one week after the final session:**

Jessica E. Taylor, MPH  
Community Health Specialist  
Chronic Disease Program Coordinator  
University of Tennessee Extension  
Family & Consumer Sciences  
2621 Morgan Circle, 119 Morgan Hall  
Knoxville, TN 37996-4501  
Phone: (865) 974-7393  
Fax: (865) 974-5990  
Email: [jtaylo22@utk.edu](mailto:jtaylo22@utk.edu)

Kate Weiland  
Chronic Disease Prevention  
Tennessee Department of Health  
710 James Robertson Parkway  
8<sup>th</sup> Floor, Andrew Johnson Tower  
Nashville, TN 37243-5210  
Phone: (615) 741-0357  
Fax: (615) 741-1063  
Email: [kate.a.weiland@tn.gov](mailto:kate.a.weiland@tn.gov)

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**Living Well with Chronic Conditions, Take Charge of Your Diabetes & Cancer: Thriving and Surviving Programs**