

INJURY PREVENTION PROGRAM REQUEST

Contact Name _____

Address of Event _____

Address _____

City _____ State _____ ZIP code _____

Contact Phone _____

Email _____

| Program Requested | Date Requested | Time Requested (i.e. 2:00-4:00p) |
|--------------------------|-----------------------|---|
| Fall Prevention | | |
| Stop the Bleed | | |
| ThinkFirst Programs | | |
| Trauma Survivor Network | | |
| Other: | | |

You will receive an email to confirm event request.

Thank you for your interest in UK HealthCare Level 1 Trauma Center's Injury Prevention Programs

Questions?

Contact: Outreach/Injury Prevention Coordinator

UK HealthCare Level 1 Trauma Center

Trauma Program Office

O: 859-859-323-2403