

Healthier Living
Chronic Disease Self-Management Program
Book Loaner Agreement

I take the responsibility for maintaining and taking good care of the textbook being loaned to me for use during the six weeks of class. I will not write in or deface the book in any way. I will return the book on the last day of class.

Name: _____

Signature: _____

Date: _____

Date returned: _____

Verified by: _____

Healthier Living with Chronic Conditions
Registration Form

Name: _____ Initials: _____
Last First First Middle Last

Birth Date: _____

Address: _____
Street City

Home Phone: _____ Cell Phone: _____

Email: _____

Where you find out about this class?

- | | |
|--|---|
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Housing Facility |
| <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Office on Aging | <input type="checkbox"/> Library |
| <input type="checkbox"/> CalOptima | <input type="checkbox"/> Other: _____ |