

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