



BetterHealth
AMBASSADOR
CITY OF ALBUQUERQUE

Use this form to request a training for your location or department. You can work with other BetterHealth Ambassadors or worksite contacts to make the training available to a larger amount of employees.

Training Request

Ambassador Name: _____

Location: _____

Training session you are requesting: _____

Please submit this form at least 3 weeks prior to your requested training. Please make an effort to have a 8 attendee minimum when requesting a training.

Consider an incentive request or Fresh Option Produce order to enhance your offering! Use this link, <https://www.surveymonkey.com/r/3ZWT69T>

Or Scan the QR Code



Date: _____

Time: _____

Room: _____

How many people do you expect to attend? _____

Parking instructions for facilitator and other important information about your facility, such as security:

(Please provide full address including city and zip)
