

A1C Champions® Program Request Form

Please call 855-A1CHAMP with any questions.



Date: ***A minimum of 45 days advance notice is required to coordinate all programs.***

Requestor and Program Information

Name:		Title:	
Mailing Address (include company name, if applicable)			Phone and Email
Address:	City:	Office:	
	State:	VM or pager:	
	Zip:	Email:	
Will you attend the program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program Type:	<input type="checkbox"/> Taking Control <i>(host provides screen and overhead projector, or computer and LCD projector)</i>	<input type="checkbox"/> Managing Diabetes: The Next Step <i>(host provides screen and overhead projector, or computer and LCD projector)</i>	<input type="checkbox"/> Telling My Story with Diabetes <i>(intended for audiences between the ages of 7 and 13)</i>
			<input type="checkbox"/> Our Diabetes Journey – For Parents and Kids <i>(intended for audiences between the ages of 8 and 16 and their parents)</i>
Date of program:	Start time:	End time:	(Program lasts approximately 1 hour)
Where program will take place: <i>(include specific room # or name)</i>	Facility:	City:	
	Address:	State:	
	Room:	Zip:	
# of attendees anticipated:	Description of audience (please be as specific as possible):		
Has your audience seen an A1C Champions® program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be interested in the same Champion returning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who was the Champion that presented the program?			
Will there be other speakers at your event? <i>If yes, please provide a description of your event and speakers:</i>			
Additional requirements for program:			
Airport recommendation:	Hotel recommendation:		

Program Contact Information (person coordinating meeting and inviting patients)

<input type="checkbox"/> Same as Requestor	Name:	Title/Company:
Mailing Address		Phone and Email
Address:	City:	Office:
	State:	VM or pager:
	Zip:	Email:
Will Program Contact attend the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Note: if the Program Contact is not a Healthcare Provider, please plan to have a Healthcare Provider attend the program.)

Program Materials

Send program materials to: <input type="checkbox"/> Requestor <input type="checkbox"/> Program Contact <input type="checkbox"/> Other _____ (name/title)		
<i>If Other, shipping information:</i>	Address:	City, State Zip:
		Phone #:
Handout materials from your A1C Champions® program will be shipped approximately 10-14 days prior to the program date.		

IMPORTANT DISCLAIMER: The information presented by the A1C Champions® is proprietary to Sanofi US. Accordingly, the Champion presentation may not be recorded, reproduced, broadcast or duplicated in any way without the written consent of Sanofi US.

Email completed form to info@vprpop.com

or

Print and complete the form and return it by fax to 866-284-2035 or mail to:
VPR Patient Outreach Program
801 W. 47th Street, Suite 200 – Kansas City, MO 64112