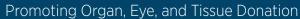


## **Workplace Partnership for Life Hospital Campaign**





## **Campaign Enrollment Form**

To enroll in this campaign, please fill out this form on behalf of your organization and click "submit" below.

Organization Type:				
Hospital		OPO, Eye or Tissue Bank	Other	
State	e Hospital Association	DLA Affiliate		
Organization Contact Information:				
Organization Name:				
Contact Person:				
Phone Number:		Email:		
Mailing Address:				
City:		State:	ZIP:	
How will you measure campaign results? Please check all that apply:				
Registry drop-down menu on Web site		Registration through State	Registration through State DMV	
Registry paper forms		Registry through unique U	Registry through unique URL	
Other (please explain):				
Are you enrolling any partners at this time?				
Yes No Currently en		Currently enrolled, adding new partner(s)		
If yes, please use the fields below to enter partner information. If you need more space, use the attached form or send a spreadsheet to wpfl@akoyaonline.com.				
PARTNER INFORMATION				
Partner #1:				
Contact Person:		Title:		
Phone Number:		Email:		
Mailing Address:				
City:		State:	ZIP:	