



Shape Up Across Oregon  
Work Place Program  
Agency Sign Up Form

Name of Organization/Facility: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

**Contact Information for Coordinator:**

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Mailing Address for the Local Site Coordinator (if different from above):**

\_\_\_\_\_

\_\_\_\_\_

**How did you hear of Shape Up Across Oregon Program?**

\_\_\_\_\_ Newsletter or Website

\_\_\_\_\_ Oregon Physical Activity and Nutrition Program

\_\_\_\_\_ Conference

\_\_\_\_\_ Email Notification

\_\_\_\_\_ Other - Please Specify: \_\_\_\_\_

Please return by mail, email or fax to *Shape Up Across Oregon*:  
4614 SW Kelly Avenue, Suite 100, Portland, OR 97239 • Fax: (503) 245-2628  
Phone: (503) 245-2102

[info@shapeupacrossoregon.org](mailto:info@shapeupacrossoregon.org)

[www.shapeupacrossoregon.org](http://www.shapeupacrossoregon.org)

Confirmation will be by email and phone

Shape Up Across 2009  
Work Place Program  
Agency Registration