

Request for Nutrition Services

Please use this form to request presentations or other services delivered by Alberta Health Services Registered Dietitians

Requesting Organization: _____ Date: _____

Not for profit: Yes No

Contact Person: _____

Phone Number: _____ Email: _____

Request Details:

Check all that apply: Education Session Resource Fair Workshop
 Support for Nutrition Related Program development Other

Describe: _____

Nutrition Topic – please be as specific as possible: What are the goals/objectives and key intended outcomes?

Date(s) Required: _____

Time: _____ Duration: _____

Address/Event Location: _____

Please describe the target audience. (Example: age range, level of knowledge, special learning needs etc.)

Number of participants expected: _____ Participants required to register: Yes No
Charge to participants: Yes (please specify): _____ No

Zone Contact Information:

Fax/Email this form to ___PublicHealthNutrition.NorthZone@ahs.ca___

Request for Nutrition Services

For Office Use Only

- Request accepted
- Request declined

RD Name: _____ Position: _____

Zone: _____

Reason: _____

Support Provided: _____