

Testimonial



Have a testimonial you would like to share? We'd love to hear it!
By sharing your stories, West Florida AHEC hopes that your words will
inspire others to lead a healthy, motivated life.

Testimonials will be posted at www.westfloridaahec.org.

Date: ___ / ___ / ____

Name _____ City _____

LAST

FIRST

We will only use your first name and city. Your full last name will be used for our records only.

Area of Focus

- Health Career Programs
 - Rural Pipeline Program MEDS Medical Student PA Resident
- Healthy Living
 - American Heart Association Healthy Aging Thai Chi
- Tobacco
 - Quit Smoking Now! Tools to Quit Tobacco Training Dental Health
 - Youth Cessation ATTAC
- Other (please specify) _____

Your story

By signing below, I hereby give permission to West Florida Area Health Education Center (WFAHEC) and its affiliated AHEC centers, medical facilities and educational institutes to use my testimony, interview, photograph, video and/or class session for use in the in the development of marketing/public relations materials, to include (but not limited to) website and social media, for West Florida AHEC activities.

No products will be commercially sold; no products will be used for any other purpose than the promotion, development and training activities of WFAHEC programs.

Signature of Participant or Guardian _____ Date _____

Guardian's Name, if signed by Guardian _____ Relationship to Client _____

PLEASE PRINT NAME OF GUARDIAN, IF ABOVE IS A MINOR'S TESTIMONY (UNDER THE AGE OF 18)

HOW TO SUBMIT

If you would like to include a photograph, please include when submitting your testimonial. We kindly ask that you do not fax photos, due to low quality.

*Please **SCAN** and send to: adyess@wfahec.org - subject 'Testimonial'*

*Please **FAX** to: **850.682.2521***

*Please **MAIL** to: West Florida AHEC, 1455 South Ferdon Blvd., Suite B-1, Attn: Marketing, Crestview, FL 32536*