Workplace Partnership for Life
(WPFL)
Promoting Organ, Eye, and Tissue Donation

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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 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 DMV
☐ Registry paper forms
☐ Registry through unique URL
☐ Other (please explain): _____

Are you enrolling any partners at this time?

☐ Yes ☐ No ☐ 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 ann@akoyaonline.com.

PARTNER INFORMATION

Partner #1: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Please contact Ann Pfeifer at ann@akoyaonline.com or 412-481-9800 with any questions. To submit completed form, click "submit" button or fax to 412-432-1307.

SUBMIT