



Healthy
Workers

Healthy
Environments

Healthy
Organizations

Letter of Intent to Apply

We must receive this form along with your non-refundable deposit of \$500 no later than July 3.
(Balance due with completed application.)

- Yes, our organization plans to submit an application for the Corporate Health Achievement Award for _____ (year applying for).

Date

Organization Name

Address

City

State

Country

Postal Code

Medical Director

Contact Person

Telephone

Fax

E-mail

Signature

Attach to this form a list of any questions you may have about the application or evaluation process.

Mail this form with your \$500 deposit payable to ACOEM CHAA to be received by July 3 to:

CHAA Program Administrator
ACOEM
25 Northwest Point Boulevard, Suite 700
Elk Grove Village, IL 60007

