



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

