

# First Ladies Health Initiative Health Care Provider Profile



## Health Care Provider Information

Company Representative's Name:  
Health Care Provider Company Name:  
Address Street  
City:  
State:  
Zip Code:  
Phone #:  
Fax #:  
Website:  
Any additional contacts?


## Company Overview:


## Types of Services Your Company Provides:


## Types of services/supplies, you can make available for the program?


## Can you provide any of the following?

Speakers  
Workshops  
Training Seminars  
Literature


## Are there any specific churches you'd like to work with inside our program?


Thank you!