

**2015 National Healthcare Decisions Day**

**Confirmation of Participation**

The Coalition for Quality End-of-Life Care would like to showcase your NHDD program on our website at [www.coalitionqec.org](http://www.coalitionqec.org/)***.* To become a participant and have direct access to NHDD resources, please complete this form and fax or email to us to be forwarded to NHDD.** If preferred, an on-line Confirmation of Participation and additional information can be found at [www.NHDD.org](http://www.nhdd.org).

Yes, my agency plans to participate in National Healthcare Decisions Day on or about **Thursday, April 16, 2015**.

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| --- | --- | --- | --- |
| Agency Name: |  | Contact Person: |  |
| Mailing Address: |  | Phone Number: |  |
| Phone: |  | Email: |  |
| Fax: |  | URL: | (If you would like your website linked to NHDD postings) |
|  | | | |
| How do you plan to celebrate NHDD? (Please describe briefly in the space below what type of activity you are planning, i.e. presentation, community outreach, staff inservice, etc.) | | | |
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**Please Return To:**

The Coalition for Quality End-of-Life Care

**NHDD 2015**

Email: [info@coalitionqec.org](mailto:info@coalitionqec.org)

*We are a non-profit organization of volunteers dedicated to improving end-of-life care for people in Tarrant County. Donations to defray the administrative costs of this initiative are appreciated. To learn more or make a donation, please go to* [*www.coalitionqec.org*](http://www.coalitionqec.org/)***.***