



Association of American Indian Physicians
Diabetes Program
Network Partnership Form



Yes, I would like to partner with the Association of American Indian Physicians National Diabetes Education Program. As a partner I will disseminate the campaigns and other materials of the AAIP/National Diabetes Education Program (NDEP).

Please Print

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone/Fax: _____

E-mail: _____

Signature

Date

Partnership Affiliate entitlements include:

- Quarterly mailings of current diabetes information
- Special NDEP diabetes campaigns
- Annual newsletter – Legacy
- Monthly electronic newsletter – E-Legacy
- Special announcements of funding opportunities (mini-grants)
- Announcement of diabetes trainings

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