



**WELLNESS COUNCIL**  
OF WEST VIRGINIA

**Presents**

# **Worksite Wellness 101**

**February 9, 2010**  
**8:00 AM – Noon**

**Charleston, WV**

## **WW101 FEATURES:**

Five steps to successful worksite wellness  
Experienced, qualified faculty  
Vital Resource Materials

75 Olde Main Plaza \* St. Albans \* WV \* (304) 722-8070

Fax: (304) 722-8074

[info@wcvv.org](mailto:info@wcvv.org)

[www.wcvv.org](http://www.wcvv.org)

**WHAT IS Worksite Wellness 101?**

WW 101 is the first training offered for individuals seeking the fundamentals of implementing and maintaining results-oriented worksite wellness programs. *WW 101* will describe how to secure resources and support for a wellness program as well as how to determine the top challenges facing the health of your workforce and how to address them.

**THE CURRICULUM:**

Discover practical examples for:

- Preparing your worksite for a wellness initiative
- Assessing the needs of your employees and your organization
- Planning interventions that are relevant to your people and your business plan
- Enacting programs and policies that will make a difference at your worksite
- Reviewing activities for effectiveness and applying what you learn to future interventions

**REGISTRATION FORM: *Worksite Wellness 101 in Charleston, WV***

To register mail or fax this form by **Tuesday, February 2, 2010** to the Wellness Council at 75 Olde Main Plaza, St. Albans, WV 25177 (304) 722-8070 or Fax (304) 722-8074

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PH: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

REGISTRATION FEE (Non-Members): \$130

REGISTRATION FEE (WCWV Members): \$100

\*Price includes continental breakfast & all materials

**\*\*A cancellation fee of \$30 will be charged for ALL cancellations; no cancellations will be permitted after 2/2/10.**

**TOTAL AMOUNT OF PAYMENT: \$\_\_\_\_\_**

PAYMENT METHOD:

\_\_\_Check enclosed (Payable to Wellness Council of WV)

\_\_\_MasterCard \_\_\_VISA \_\_\_Amex \_\_\_Diners Club

Cardholder Name: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_