

Healthier Living  
Chronic Disease Self-Management Program  
Book Loaner Agreement

I take the responsibility for maintaining and taking good care of the textbook being loaned to me for use during the six weeks of class. I will not write in or deface the book in any way. I will return the book on the last day of class.

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

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

Date: \_\_\_\_\_

Date returned: \_\_\_\_\_

Verified by: \_\_\_\_\_

Healthier Living with Chronic Conditions  
Registration Form

Name: \_\_\_\_\_ Initials: \_\_\_\_\_  
Last First First Middle Last

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_