



Health and Wellness Workshop Interest Form:

Please complete the information below and return to our office.
A CNU Fit, LLC representative will contact you to schedule your event.

Fax: 302-744-9038 Mailing address: 1404 Forrest Ave Dover, DE 19904

For questions or concerns, please contact us 302-689-3489.

Today's Date: _____

Requested Event Date: _____

Requested Event Time: _____

Event Topic: _____

Event Location:

(if your facility does not provide adequate meeting space, rooms are available at the CNU Fit offices)

Estimated number of attendees: _____

Business /Organization Name: _____

Primary Contact Name: _____

Phone Number: _____

Address: _____

Email address: _____

Best time to contact: _____

Thank you!