



WellPath Event Nomination Form

Name: _____ Employee ID: _____

Email: _____

Event Name: _____

Start Date: _____ End Date: _____

Please answer the following questions about the event you are nominating:

Is this event accessible by all or a majority of employees? Yes No

Is the registration and information for this event on the web? Yes No

Web Address: _____

Note: The event must have a web address to be considered for endorsement.

Does a portion of their proceeds go to a non-profit cause? Yes No

Is this event sponsored by an alcohol or tobacco product? Yes No

Will alcohol or tobacco be provided? Yes No

Comments:

*** WellPath Endorsed Events are considered and approved based on the following criteria: accessibility, benevolence, and health benefits. Please answer all questions or provide specific information about the event you are nominating. The event must have a website with registration and/or information to be endorsed. All WellPath Endorsed Events will be approved for 10 WellPath points.*

Please return this form via **email:** Wellness@SRPMIC-nsn.gov, **fax:** (480) 362-5584, or **interoffice mail:** WellPath Human Resources, Two Waters, 10,005 E. Osborn Road, Scottsdale, AZ 85256.