

**Join the Freshplace Network**

We are pleased that you are interested in using the Freshplace manual in your work.  Since Freshplace is an innovative model, we want to know how others are using this manual and want to be able to share lessons learned with others.

We request your contact information so that we can track the number and types of organizations using the manual, send you updated information about the Freshplace model, and so we can report this information to our funders.

**Please complete and sign this form and return to:**

 **Chrysalis Center, 255 Homestead Avenue, P.O. Box 320613, Hartford, CT 06132-0613**

**or fax to 860-761-3103**

**or email to: LWaldron@chrysaliscenterct.org**

**Contact Person at your organization:**

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

Name of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**