



Title

[Opening sentence describing the type of intervention.]

- [Describe the activities or topics covered.]
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- [Give the length of the class and how often it meets.]
- [Note who leads the class and their qualifications or training.]
- [List the health benefits of taking the class such as changes in:
 - Physical symptoms, like pain or fatigue
 - Psychological symptoms, like depression or anxiety
 - Quality of life factors, like independence and confidence in disease self-management]

Look for a class near you. See the back of this flyer for locations and schedules.



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Classes in Your Area

Name of Location

Address

(###) ###-####

[Day/dates of classes]

00:00–00:00 a.m./p.m.

\$\$ per session/\$\$ for # sessions

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