

Community Outreach Event Request Form

Event Name			
Event Address			
Event is:	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside	Ward
Event Date		StartTime	End Time
Event Contact	Contact Position		
Contact Phone	Contact Email		
Event Type	<input type="checkbox"/> Community Meeting	<input type="checkbox"/> Information Fair	<input type="checkbox"/> Training
	<input type="checkbox"/> Panel Discussion	<input type="checkbox"/> Exercise/Fitness	<input type="checkbox"/> Other
Type of Audience	<input type="checkbox"/> Senior	<input type="checkbox"/> Youth	<input type="checkbox"/> Government
	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Non-English or limited English Speaking
	<input type="checkbox"/> Other:		
Expected Audience Size			
Translation Services Available	<input type="checkbox"/> Amharic	<input type="checkbox"/> Chinese	<input type="checkbox"/> French
		<input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese	
	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
Resources Provided by Requestor	<input type="checkbox"/> Tables (No. _____)	<input type="checkbox"/> DVD/VCR	<input type="checkbox"/> Laptop
	<input type="checkbox"/> Chairs (No. _____)	<input type="checkbox"/> TV	<input type="checkbox"/> Projector
	<input type="checkbox"/> Other:		
Comments			

E-mail completed forms to dhealthcomms@dc.gov.

Questions? email: ivan.torres@dc.gov or melinda.salinas@dc.gov