DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Community Outreach Event Request Form

Event Name					
Event Address					
Event is:	☐ Outside ☐ Inside			**Ward**	
Event Date		**StartTime**		**End Time**	
Event Contact		**Contact Position**			
Contact Phone		**Contact Email**			
Event Type	☐ Community Meeting ☐ Panel Discussion	☐ Information Fair ☐ Exercise/Fitness		☐ Training ☐ Other	
Type of Audience	☐ Senior ☐ Private Sector ☐ Other:	☐ Youth ☐ Persons with Disabilities		☐ Government ☐ Non-English or limited English Speaking	
Expected Audience Size					
If you selected non or limited English Speaking above, what languages do you anticipate?	☐ Amharic ☐ Korean ☐ Spanish ☐ Other:	☐ Chinese ☐ Mandarin ☐ Cantonese		☐ French ☐ Vietnamese	
Resources Provided by Requestor	☐ Tables (No. _____) ☐ Chairs (No. _____) ☐ Other:	☐ DVD/VCR ☐ TV		☐ Laptop ☐ Projector	
Comments					

E-mail completed forms to doh.ohe@dc.gov