 

Community Outreach

Event Request Form

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| **Event Name** |  |
| **Event Address** |  |
| **Event is:** |  ⬜ Outside ⬜ Inside  | **Ward** |  |
| **Event Date** |  | **Start****Time** |  | **End****Time** |  |
| **Event****Contact** |  | **Contact****Position** |  |
| **Contact****Phone** |  | **Contact****Email** |  |
| **Event Type** |  | Community Meeting |  | Information Fair |  | Training |
|  | Panel Discussion |  | Exercise/Fitness |  | Other |
| **Type of****Audience** |  | Senior |  | Youth |  | Government |
|  | Private Sector |  | Persons with Disabilities  |  | Non-English or limited English Speaking |
|  | Other: |
| **Expected Audience Size** |  |
| **Translation Services Available** |  | Amharic |  | Chinese⬜ Mandarin⬜ Cantonese  |  | French |
|  | Korean |  | Spanish |  | Vietnamese |
|  **Resources Provided by Requestor** |  | Tables (No. ) |  | DVD/VCR |  | Laptop |
|  | Chairs (No. ) |  | TV |  | Projector |
|  | Other: |
| **Comments** |  |
| **Completed forms can be mailed or emailed.****Email:** **ronald.king@dc.gov****,** **robert.mayfield@dc.gov** **or** **ivan.torres@dc.gov****Government of the District of ColumbiaDC Health899 North Capitol Street, NEWashington, DC 20002-4263** |