

# Cumberland County Department of Public Health

## Community Health Education Request Form

Agency/Organization Name: \_\_\_\_\_

### Contact Person Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address/location of program or event: \_\_\_\_\_

Person to report at the program/event: \_\_\_\_\_ On-site phone or cell: \_\_\_\_\_

Estimated number of people who will attend program/event: \_\_\_\_\_

Will a speaker be needed for this event?  Yes  No

Date of the event: \_\_\_\_\_ Time: \_\_\_\_\_ Until: \_\_\_\_\_

Set up date (Health Fair): \_\_\_\_\_ Set-up Time: \_\_\_\_\_ Until: \_\_\_\_\_

List information you would like to have presented at the program/event: \_\_\_\_\_

What are the goals of your event? \_\_\_\_\_

Will table(s) and chairs be provided (Health Fairs)?  Yes  No Check one:  Indoor  Outdoor

If we are unable to meet your request and you would like information about our services or brochures (brochures are limited) to distribute at the program/event, please call the Health Education Division at (910) 433-3890 or 433-3891. We will acknowledge your request within three (3) business days.

Please fax this completed request form back to (910) 321-7136 or email to [tlofton@co.cumberland.nc.us](mailto:tlofton@co.cumberland.nc.us). Please send a flyer of the event with your request.

### For Staff Use Only

<b>Received on:</b> <b>By:</b>	<b>Approved on:</b> <b>By:</b>	<b>Staff Assigned:</b>
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