

## Request for the Florida Department of Health in Orange County Participation in Community Outreach Events



To request the Florida Department of Health in Orange County's participation in a health fair/community outreach event, please complete this form. **Submission of this form does not guarantee the participation in your upcoming event.** Participation is based on staff availability and focus areas.

Date(s) requested:		
Event Name:		
Purpose of Event:		
Contact Name:		
Contact Information:		
Sponsor Organization:		
Event Date:		
Event Start/End Time:		
Setup Time:		
Event Address:		
Anticipated number of attendees:		
Request for education material or staff representation from DOH-Orange ( <i>place X next to the program you request participation</i> )?	<input type="checkbox"/> Asthma <input type="checkbox"/> Bellies, Babies & Beyond <input type="checkbox"/> Dental Health Services <input type="checkbox"/> Environmental Public Health <input type="checkbox"/> Immunizations/Vaccines <input type="checkbox"/> Refugee Health Program <input type="checkbox"/> School Health Services <input type="checkbox"/> Tobacco Prevention Program <input type="checkbox"/> Vital Statistics	<input type="checkbox"/> Breast and Cervical Cancer Detection <input type="checkbox"/> Sexually Transmitted Infections <input type="checkbox"/> HIV/AIDS Services <input type="checkbox"/> Clinical/Prevention Tuberculosis (TB) Program <input type="checkbox"/> Family Planning & Prenatal Health <input type="checkbox"/> Emergency Operations <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> Chronic Disease
Event target area/population:		
Is the event inside or outside? If outside, will shade be provided?		
Will tables & chairs be provided?		
Is there a registration fee? If yes, what is the amount?		