

Community Outreach Event Request Form

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|----------------------------------------|----------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|
| 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"/> 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