



ALAMANCE COUNTY Health Department

319 North Graham-Hopedale Road Suite B
Burlington, NC 27217-2995
www.alamance-nc.com/healthdept/

Tony Lo Giudice
Health Director

(336) 227-0101
FAX (336) 513-5593

Community Outreach and Education Request Form

Requests must be made at least 30 days prior to the date of the event.

Agency/Organization Name: _____

Contact Person Name: _____ Phone: _____

Email: _____ Fax: _____

Address/Location of Event: _____

Major Cross Street: _____ Parking Info: _____

Person to Report to at Event: _____ On-site phone or cell #: _____

Description of People attending event: _____

Estimated number of people who will attend event: _____

Is this event a new event? Yes No If no, how many years in existence?: _____

Date of Event: _____ Time: _____ Until: _____

Set up Date: _____ Set up time: _____ Until: _____

List information you would like to have presented at the event:

What are the goals of your event? _____

Which of the following will be provided? Table(s) Chair(s) Canopy

The staff of the Health Education and Promotion division of the Alamance County Health Department will strive to honor as many requests as possible. However, we cannot guarantee that all requests will be accepted, as we are limited by previously scheduled events and/or the availability of staff. If we are unable to meet your needs with our presence at your event, but desire information and brochures regarding our services to distribute at the event yourself, please call the Health Education and Promotion division at (336) 570-6382. We will acknowledge your request within three (3) business days. A final decision on your request will be made within seven (7) business days.

Please fax this completed request form back to (336) 513-5548 or email to HealthEducation@alamance-nc.com.

For Staff Use Only

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|---------------------|---------------------|-----------------------|---|
| Received on/by: | Acknowledged on/by: | Final Decision on/by: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Reason (if denied): | | | Staff Assigned: |

If outside Health Education, please forward completed form to Donna Lawson for logging.