Ulster County Department of Health: Community Event Participation Request

Please complete and E-mail (or fax or mail) this form, at least one month in advance, to healthed@co.ulster.ny.us

Date of Event (MM/DD/YY	YY):				
Event Start Time (00:00):			AM	РМ	
Event End Time (00:00):			AM TE	РМ	
Event Setup Time (00:00):			АМ	PM	
Timeframe you are reques	iting for UC	DOH to atten	d:		
FROM	AM	РМ	TO	АМ	PM
Type of Event (Health Fair,	, Comm. Fe	estival, School	Program, etc.):		
If there is a registration fe can it be waived?	e,	Yes	F _{No} NE	If no, how much is it?	
Event Name:					
Event Sponsor:					

Event Location (complete street address with City/Town, State and Zip Code):

Contact Person

Name:

Phone:

Mobile Phone:

E-mail:

Is this a first-time event: Yes No

If yes, approximately how many people do you expect to attend the event?

If no, how many people attended the event last year?

What is the main focus/subject/goal of this event?

Who is your target audience for this event (please select from below)?

Pre-K	K-12 grade	9-12 th grade		Older Adult
K-2 nd grade	3-5 th grade	College Stude	ent	Other
K-6 th grade	6-8 th grade	Adult		Specify:
Will chairs and tables be pro	ovided for presenters?	Yes	No	
Will access to electricity be	provided?	Yes	No	
Will complimentary food and beverages be provided to presenters? Yes				

What topic(s) or activities would you like the Department of Health to offer at your event (please select up to <u>three</u> topics below):

Smoking Cessation/Prevention
Cancer Detection and Prevention
Lyme Disease
Healthy Eating
Heart Disease
Communicable Diseases Specify:
Immunizations
Exercise and Physical Activity
Asthma
Radon/Indoor Air Quality/Healthy Homes
Lead Poisoning Prevention
Rabies Prevention
Water Quality Issues
Hygiene
Other Specify:
1683
Comments/Questions:

NOTE:

- This is a writeable PDF form. Please fill in each text box and check box , with the appropriate information. When complete, "Save As" a new file name and <u>E-mail</u> to <u>healthed@co.ulster.ny.us</u> You may also fax or mail it to us.
- Please feel free to E-mail or call us if you have any additional questions and/or would like to discuss your program (or our participation/resource capabilities) further.

<u>Thank You</u>. Your request will be reviewed and carefully evaluated. You can expect to be contacted within 5 days of receipt.

