

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 to at Program/Event: _____ On-site phone or cell #: _____

Estimated number of people who will attend program/event: _____

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?

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 433-3893. 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

For Staff Use Only

Received on: By:	Approved on: By:	Staff Assigned:
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