

Outreach Services Request Form

Requesting Community Affairs Outreach Services for Your Event

- Most educational services are free for nonprofit organizations. To make sure you get the services that are right for your event, please complete the form below.
- All requests must be made 3 to 4 weeks before the date of the event.
- Requests for materials and speakers are based on availability and management approval.
- For questions call (773) 702-5600.
- Submit this form and a flyer for the event by fax to (773) 702-3193 or by email at outreach@uchospitals.edu
- When we receive the completed form it can take 7 to 10 business days for a response.

Organization Information

Organization Name:

Date of Request:

Name of Contact Person:

Phone:

Email:

Location of the Event

Name of Building:

Street Address:

City:

State:

Zip Code:

Date of the Event:

Time of the Event:

What is the Purpose of the Event?

What are the Health Topics of the Event?

Who is Your Target Audience? (The people you are trying to reach out to)
Consider things such as race, ethnicity, gender, sexual orientation, age...



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University of Chicago Medicine Participation in the Event

Describe how you would like the University of Chicago Medicine to take part in this event.

Other Information About the Event

Will tables be provided? If yes, how many and what size?

Will chairs be provided? If yes, how many?

Will there be access to electrical outlets?

Is parking available? If yes, is it onsite or street parking?

Is there a tent or shelter if the event is outside?

How many people will be at the event?

What is the primary language spoken by people attending the event?

Event Sponsors

Please list all other event sponsors, speakers and people leading and planning this event (especially health related).

Do you want a speaker from the University? Yes No

If yes, what health topic(s) do you want the speaker to talk about?

Do you want our staff to attend and provide health information? Yes No

If yes, what health topic(s) do you want at the table?

Do you want us to give health screenings? Yes No

Special arrangements must be made for these

If yes, what kind of health screenings would like to have? (We do health screenings for many things including HIV, blood pressure and blood sugar levels.)

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For Office Use Only

Description

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Amount of branded items:

Value of giveaway items:

Approved By

Name:

Title:

Date:

UCM Staffing of Event

Staff Name and Title	Date	Time at Event

