Outreach Services Request Form

Date of request ______________________ Requested by ____________________________

Requesting Community Affairs outreach services for your event - Most educational services are available at no cost to non-profit organizations. To ensure that you get the services that are right for your event, please complete the form below. **We ask that all requests are made 3-4 weeks in advance of the event date.**

Requests for materials and speakers is based on availability and management approval. **Once the form is received please allow 7-10 business days for a response.**

- Purpose of the event______________________________________________________________
- Date/Time of the event____________________________________________________________
- Location (address, city, zip)_______________________________________________________
- Contact name_____________________________________________________________________
- Contact phone_____________________________________________________________________
- Contact email_____________________________________________________________________
- Health topic(s) of the event_________________________________________________________
- Target audience for the event (age, ethnicity, etc.)___________________________________
- Expected number of attendees______________________________________________________
- Primary language spoken by attendees_______________________________________________
- Other event sponsors and participants (esp. health-related participants)________________

Please specify the type of UCM participation you would like for your event:

- Is a health information table requested? If yes, please specify the requested health topic(s) for the table______________________________________________________________
- Is a speaker requested? ____________ If yes, please specify the requested health topic(s) for the speech.______________________________________________________________
- Are health screenings requested? *Available only by special arrangement. Please list__________________________________________________________________________

Call 773-702-5600 if you have questions. Please submit this form and a flyer for the event to 773-702-3193 fax or email outreach@uchospitals.edu.
Please provide logistics of the event, including:

- 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/shelter if the event is outside?

For Office Use Only:

| Description | | | |
|-------------|-------------------------------|
| Quantity | | | |
| Value | | | |

Approved by

| Name | | | |
| Title | | | |
| Date | | | |