

HEALTH PRESENTATION REQUEST FORM

Presentations are for **suburban Cook County ONLY**. Please fill in the information below and fax the completed form to the Cook County Department of Public Health (CCDPH) Health Promotion Unit at 708.492.2913. If you are requesting more than one presentation topic, **please complete a separate form** for each request.

Presentations **minimum** must be at least 25 people.

We require a 6 week notice for requests.

*Note that our participation is dependent on resources, scheduling and availability of staff.
Completing this request form does not guarantee CCDPH's participation.*

CONTACT INFORMATION

Date of Request: _____ Contact Person: _____

Phone #: _____ Fax #: _____ E-mail: _____

Presentation location - Please specify address, city, zip code. Include building name, if applicable.

PRESENTATION TOPIC REQUESTED

- | | | | |
|---|---|--|------------------------------|
| <input type="checkbox"/> Basic Nutrition | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Sexual Health | <input type="checkbox"/> Flu |
| <input type="checkbox"/> Healthy Lifestyle Series (3) | <input type="checkbox"/> Healthy Adolescence Series (4) | <input type="checkbox"/> West Nile Virus | |

PRESENTATION DATES/TIMES: Please specify your proposed date(s), as well as start and end times. For the Healthy Lifestyle and Healthy Adolescence Series please provide the dates for each series segment.

- | | |
|---------------|---|
| ▪ Date: _____ | Time of Event: _____ AM/PM to _____ AM/PM |
| ▪ Date: _____ | Time of Event: _____ AM/PM to _____ AM/PM |
| ▪ Date: _____ | Time of Event: _____ AM/PM to _____ AM/PM |
| ▪ Date: _____ | Time of Event: _____ AM/PM to _____ AM/PM |

PRESENTATION DESCRIPTION

Presentation purpose: _____

Target Population (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Older Adults (65 years and older) | <input type="checkbox"/> Males | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Adults (30 – 64 years) | <input type="checkbox"/> Females | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Young Adults (19 – 29 years) | | <input type="checkbox"/> Latino |
| <input type="checkbox"/> High School Students – 9 th , 10 th , 11 th , 12 th | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Junior High Students – 7 th , 8 th | <input type="checkbox"/> Middle School Students – 5 th , 6 th | |

Number of participants estimated to attend:

- 25 people 25 - 50 people 60 + people

For office use only:

Presentation conducted by: _____

Date: _____

Data entered on: _____



HEALTH PRESENTATION REQUEST FORM

For office use only:

Presentation conducted by: _____

Date: _____

Data entered on: _____

Last updated: 10/2008