



Health & Wellness Education and Event Form

Please note all requests must be made 8 weeks in advance.

Event Date & Time: _____

Event Name & Description: _____

Event Location Address: _____

Contact Person Name & Number: _____

Agency Name: _____

TO REQUEST A SPEAKER FOR YOUR EVENT

Health Speaker Please Circle Option: Yes or No

Please Specify Topic: _____

Speaking Time Allotted: _____

Arrival Time: _____

Health Education and Health Assessment Options PLEASE CIRCLE ALL THAT APPLY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> HEIDIS /QARR MEASURES | <input type="checkbox"/> CANCER EDUCATION | <input type="checkbox"/> DIABETES EDUCATION | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> HIV/AIDS EDUCATION | <input type="checkbox"/> SUBSTANCE ABUSE EDUCATION | <input type="checkbox"/> COLD AND FLU |
| <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> NUTRITION EDUCATION | <input type="checkbox"/> SMOKING CESSATION EDUCATION | <input type="checkbox"/> IMMUNIZATIONS |
| <input type="checkbox"/> BMI ASSESSMENT | <input type="checkbox"/> DEPRESSION ASSESSMENT | <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> OTHER |

ITEMS PROVIDED

- | | | | | |
|--|---|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> PROJECTOR OR LAPTOP | <input type="checkbox"/> TABLE & CHAIRS | <input type="checkbox"/> MEAL /SNACK | <input type="checkbox"/> PARKING | <input type="checkbox"/> OTHER |
|--|---|--------------------------------------|----------------------------------|--------------------------------|

Please fax this form to the attention of: Karen Smith Parris at 212-908-8603

Contact Information Karen Smith Parris - Health & Wellness Event Specialist Network Relations Department

Office: 212-908-3736 Cell: 646-296-5137

Email-smitka@metroplus.org

Event Approved

Event Denied