



# OUTREACH PLANNING GROUP (OPG)

## SPEAKER / VENDOR REQUEST FORM

**YOU WILL BE CONTACTED BY DOH-BROWARD OR COMMUNITY ORGANIZATIONS IF THEY CAN FULFILL YOUR REQUEST(S). IF YOU HAVE NOT RECEIVED A RESPONSE TO YOUR REQUEST, PLEASE CALL (954) 467-4700 EXT. 5813**

Today's Date: \_\_\_\_\_

Day, Date of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event (if applicable): \_\_\_\_\_

Address of Event: \_\_\_\_\_

Time of Event: From \_\_\_\_\_ to \_\_\_\_\_

Phone number to be used on the day of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Predominant Language Spoken (Other than English): \_\_\_\_\_

Age Group of Attendees: \_\_\_\_\_

If this is a yearly event, number who attended last year? \_\_\_\_\_

Event Sponsor(s): \_\_\_\_\_

Lead Organization: \_\_\_\_\_

Event Planner: \_\_\_\_\_

Event Planner's Daytime Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Event Planner's Email Address: \_\_\_\_\_

Additional contact person (if applicable): \_\_\_\_\_

Additional contact person Daytime Phone #: \_\_\_\_\_

Additional contact person Email Address: \_\_\_\_\_

**Please check boxes in the table below to list the topics and services you are requesting for your event. Participants may come from DOH-Broward or community organizations.**

<b>Topic(s)</b>	<b>Educational display table</b>	<b>Screenings / Testing</b>	<b>Speaker</b>
Blood Drive Van			
Breast and Cervical Cancer			
Cancer (Specify)_____			
Department of Health Services			
Diabetes			
Disaster Preparedness			
Drowning Prevention			
Environmental Health (Specify)_____			
Family Planning			
Health Insurance			
Healthy Eating and Physical Activity			
Heart Disease			
Hepatitis			
HIV/AIDS			
Immunizations (Adult)			
Immunizations (Childhood)			
KidCare (Health insurance for children)			
Mental Health			
Sexually Transmitted Diseases			
Substance Abuse			
Teen Dating Violence Prevention			
Tobacco Prevention and Cessation			
Tuberculosis			
WIC			
Other (Specify)_____			

## SITE ACCOMODATIONS FOR HEALTH PROVIDERS (VENDORS)

Vendor Set-Up Time \_\_\_\_\_

	YES	NO
Indoor		
Outdoor		
Is set up assistance available?		
Is there shelter available from the rain/sun?		
Are there restrooms?		
Is there a private area for confidential screening available?		
Is there electricity?		
Is audio/visual equipment available?		
Is there refrigeration available?		
Do you provide tables and chairs for vendors?		
Do you charge a vendor fee? Please list fee amount(s). Do you waive fees for any vendors? (Note: DOH-Broward has no budget to pay fees)		

## MARKETING INFORMATION

	YES	NO
Are you coordinating with other organizations?		
Which organizations _____		
Is the event open to the public?		
Is entertainment provided?		
Are refreshments provided?		
Will there be children's activities?		
Are there advertisements (such as print, radio, TV spots)?		
Are there newspaper announcements?		
Is there a dissemination of event posters / fliers in the community?		

**Please email the completed form to Bob LaMendola at [robert.lamendola@flhealth.gov](mailto:robert.lamendola@flhealth.gov) or fax the form to (954) 713-3106.**

If the details of your event change, please email or call (954) 467-4700 EXT. 5813.

To see a list of other health-related events scheduled in Broward County, visit <http://broward.floridahealth.gov/events/index.html>