



# OUTREACH PLANNING GROUP

## SPEAKER / VENDOR REQUEST FORM

You can use this form to invite DOH-Broward or community organizations to participate at your health event. You can request us to set up information tables, perform screening tests or send a public speaker.

Please complete the form and email to [robert.lamendola@flhealth.gov](mailto:robert.lamendola@flhealth.gov) or fax to 954-713-3106. DOH-Broward will contact you upon receipt.

DOH-Broward or other organizations will contact you if they can fulfill your request(s). If you have not received a response, please call 954-467-4700 Ext. 5813.

<b>Today's Date:</b>	
<b>Day and Date of Event:</b>	
<b>Name of Event:</b>	
<b>Location of Event:</b>	
<b>Address of Event:</b>	
<b>Time of Event:</b>	From: _____ To: _____
<b>Phone # to use on day of Event:</b>	
<b>Purpose of Event:</b>	
<b>Target Audience:</b>	
<b>Main Language (Other than English):</b>	
<b>Age Group of Attendees:</b>	
<b># who attended last year:</b>	
<b>Event Sponsor(s):</b>	
<b>Lead Organization:</b>	
<b>Main Event Planner:</b>	
<b>Event Planner Day Phone #:</b>	
<b>Event Planner Email Address:</b>	
<b>Fax #:</b>	
<b>2nd Contact Person (if any):</b>	
<b>2nd Contact Day Phone #:</b>	
<b>2nd Contact Email Address:</b>	

**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			
Dental			
Department of Health Services			
Diabetes			
Disaster Preparedness			
Domestic Violence			
Drowning Prevention			
Environmental Health			
Family Planning			
Health Insurance Information and Enrollment			
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 \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
Indoor		
Outdoor		
Is set up assistance available?		
Is shelter from the rain / sun available?		
Are restrooms available?		
Is there a private area for confidential screening?		
Is electricity available?		
Is audio / visual equipment available?		
Is 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 non-profit organizations? (Note: DOH-Broward has no budget to pay fees)		

**MARKETING INFORMATION**

	<b>YES</b>	<b>NO</b>
Are you coordinating with other organizations?		
List which organizations:		
Is the event open to the public?		
Is entertainment provided?		
Are refreshments provided?		
Are children’s activities provided?		
Will you advertise (print, radio, TV) to promote the event?		
Will you issue news releases to promote the event?		
Will you distribute posters or flyers in the community?		

If details of your event change, please contact robert.lamendola@flhealth.gov or 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>