

REQUEST FOR PARTICIPATION IN OUTREACH

Thank you for requesting participation from the Florida Department of Health in Seminole County in your upcoming event. Please complete this form to provide to our outreach team. *NOTE: Submission of this request does not guarantee participation in your event. Participation is based on staff availability and focus areas.*



The use of the 'Florida Health Seminole County' logo is not to be used without permission and involvement in an event. E-mail chd59webmaster@flhealth.gov with questions.

Event Information

Event Date

Event Name

Event Location &
Address

Event Start & EndTime

Set Up Time

Is the Event Inside or
Outside?

Inside
Outside

If Outside, will Shade be
Provided?

Yes
No
N/A

Will Tables and Chairs
be Provided?

Yes
No

Is there a fee?

No
Yes

If Yes, What is the Amount?

Event Target Market

Contact Name

Contact Phone

Contact E-mail

Organization/Business