Community Outreach Request Form

Submit to info@caccc-usa.org at least 2 weeks before the scheduled event

Request Date: ________________

Requestor’s Name: ____________________________ Title: __________________________

Individual: _____ Organization: ________________________________

Telephone: ______________________ Email: ________________________________

In order to provide the most appropriate presenter for you, please provide a short description of your organization or mission:

________________________________________________________________________

Event Name: ________________________________

_____ Presentation (60 minutes)

_____ Advance Health Care Directive Form (60 minutes)

Event Date: ________________ Start Time: ___________ End Time: ___________

Event Address: ________________________________

Host: ______________________ Host Telephone: ______________________________

Audience Profile:___________________________________________

(Please enter description of attendees)

Estimated Number of Attendees: _____ Language Requirement: ____________________________

This section is to be filled by CACCC Event Coordinator

Speakers: __________________________________________

Volunteers: _________________________________________

Event Coordinator: ________________________________

6/2018