

Contact Person

Name:

Phone:

Mobile Phone:

E-mail:

Is this a first-time event: Yes No

If yes, approximately how many people do you expect to attend the event?

If no, how many people attended the event last year?

What is the main focus/subject/goal of this event?

Who is your target audience for this event (please select from below)?

Pre-K	K-12 grade	9-12 th grade	Older Adult
K-2 nd grade	3-5 th grade	College Student	Other
K-6 th grade	6-8 th grade	Adult	Specify:

Will chairs and tables be provided for presenters? Yes No

Will access to electricity be provided? Yes No

Will complimentary food and beverages be provided to presenters? Yes No

NOTE:

- This is a writeable PDF form. Please fill in each text box and check box , with the appropriate information. When complete, "Save As" a new file name and E-mail to healthed@co.ulster.ny.us You may also fax or mail it to us.
- Please feel free to E-mail or call us if you have any additional questions and/or would like to discuss your program (or our participation/resource capabilities) further.

Thank You. Your request will be reviewed and carefully evaluated. You can expect to be contacted within 5 days of receipt.

**Ulster County Department of Health
Attn: Health Education Unit
300 Flatbush Ave
Kingston, NY 12401**

www.UlsterCountyNY.gov/Health

**Phone: (845) 334-5527
Fax: (845) 334-8337**

