



For Improving End-of-Life Care

Community Event and/or Speaker Request 2016

Thank you for contacting our coalition in regards to your community event/speaker opportunity. After completion of this form, please email it to: sdcoalition@yahoo.com

Name First Last

Organization

Phone Number ___ - ___ - ____ E-mail: _____

Type of Organization

Date of Event MM / DD / YYYY

Set-up Time HH : MM : SS AM/PM

Event Start Time HH : MM : SS AM/PM

Event End Time HH : MM : SS AM/PM

Event Location

Event Address

Street Address Address Line 2 City

Postal / Zip Code

Event Title

Focus of Your Event (select one)

- Community Partnership
- Staff Education
- Health, Wellness Awareness
- Speaker Opportunity
- Other (describe below):

Brief Description of Your Event

What Items Will Be Available?

- Table/Chairs Covered Area or Tent (outdoor events only)
Electricity Wireless Internet Access Water/Refreshments Free
Parking for SDCCEOLC Representative

Select all that apply

Estimated Number of Attendees

Participant/Audience Description

- General Public
 Employees/Staff/Students
 Invited Guests
 Other