



OUTREACH REQUEST FORM

(MINIMUM 30 DAYS REQUIRED FOR ALL REQUESTS)

Please Fax Completed Form to 561-514-3531 or Email to mission@komensouthflorida.org
For Additional Information Please Call our Office at 561-514-3020 Ext. 12

Purpose of Request: Health Fair Presentation/Speaking Engagement

Contact Person Name: _____ Organization: _____

Telephone: _____ Fax: _____ Email: _____

Education Materials Requested (Check all that apply):

- Generic African American Spanish Creole
- Affiliate Information Race for the Cure

Number of Materials Needed: _____ Expected Attendance: _____

Event Details

Event Date: _____ Start Time: _____ End Time: _____

Event Address: _____ Suite/Room: _____

City: _____ State: _____ Zip: _____

Items Provided (Please check all that apply):

- Chairs Table Tablecloth Bathroom Facilities Refreshments
- AV/Projector Equipment

Presentation/Speaking Engagements

Topics: Breast Health Survivor Story Affiliate Information

Speaking Start Time: _____ Speaking End Time: _____

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Komen Office Use Only

Name of Volunteer/Staff	Shift	Phone