

Health Fair, Community Presentation, Guest Speaker Request Form

We love to tell our story! If you are interested in having a guest speaker present at a meeting or special event or would like Komen representatives to participate in a health fair please complete this form and return via email to Melissa@kومنnwohio.org or fax to 419-724-2874. Our goal is to participate in all speaking opportunities. Please note, however, that on occasion we have several requests that fall on the same day making it difficult to accommodate all requests. You will receive confirmation of participation within two weeks of request for receipt.

Today's date: _____

Organization: _____

Contact Name: _____ Phone: _____
Email: _____

Event type
requested: _____
(Health Fair, Community Presentation, Materials)

Preferred event date: _____ Preferred event time: _____ Length of
event: _____

Event Location

Name of host
organization: _____

Street address: _____ Room number: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical directions (if necessary): _____

Contact: _____ Cell phone: _____
(Person to be present at event)

Describe the type and format of event (brown bag lunch, informal discussion, part of a
larger meeting, etc.): _____

Number of participants expected at event: _____

Please describe the expected audience (e.g. gender, race/ethnicity, survivors, education level, religion, languages spoken other than English, etc): _____

Will there be other speakers present? _____

For Affiliate Use Only

Date request received in office: _____

Person who received request:

Which need/s (gap/s) identified in the Community Profile does this address? _____

Request for specific materials: _____

Materials needed for presentation:
____ Laptop with LCD player and CD drive ____ Slide Projector
____ Slide tray ____ Overhead projector ____ TV/VCR
____ Display materials and handouts

Person confirmed to make presentation: _____
Cell phone _____ email _____

How many people participated in event: _____

Comments after event to be completed by presenter:

Evaluation form sent for follow up: ____ Yes (insert date mailed ____) ____ No
Date evaluation returned _____
