**OFFSITE MEETINGS/EVENTS/PRESENTATIONS**

**REQUEST FORM**

**AGENCY REQUESTING:**

Contact person:

Address:

Email Address:

Telephone #:

Date(s) time (s) of requested presentation/event:

Address of site in which presentation/event will take place:

Length of time allotted for activity:

Anticipated number of participants:

**PRESENTATION/MEETING:**

*Type:*

**[ ]** health fair   **[ ]** presentation    **[ ]** Other

*Audience:*

**[ ]** Parents­­    **[ ]** Classroom/children    **[ ]** Staff    **[ ]** Other

*Language:*

**[ ]** Spanish    **[ ]** English   **[ ]** Chinese  **[ ]** Other

*Purpose of presentation/meeting:*

**[ ]** Early Childhood Caries  **[ ]** Oral Health K~6  **[ ]** ODH Services **[ ]** Other,

*Justification for/intention of presentation/meeting:*

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**FOR ODH STAFF ONLY:**

Outreach Staff:  Date

Supervisor approval  Date