**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:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR ODH STAFF ONLY:**

Outreach Staff:  Date

Supervisor approval  Date