

# Dimensions Healthcare System

## Community Outreach Request Form

*Instructions:* Please fill in all gray areas that apply to your request. Once the form has been completed, email it to [PublicRelations@dimensionshealth.org](mailto:PublicRelations@dimensionshealth.org). If you have any questions, please call 240-568-3460.

*Note:* Requests should be submitted at least 30 days prior to the event.

Primary Contact Information	Organization Information
Primary Contact Person's Name ( <i>First, Last</i> ):	Organization Name:  Address:
Phone:	Phone:
Email:	Email:

Event Information			
Meeting or Event Title			
Date of Request (MM/DD/YY)			
Date of Meeting or Event (MM/DD/YY)			
Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Organization type (select all that apply): <input type="checkbox"/> Non-profit (501c3) <input type="checkbox"/> For Profit <input type="checkbox"/> Faith-Based <input type="checkbox"/> School <input type="checkbox"/> Other		Is there a fee to attend the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Estimated Attendance (# of persons):			
Name of on site contact ( <i>First, Last</i> )		Phone	
<b>Event Location Address:</b> <input type="checkbox"/> Check here if address is the same as above.  Street Address:  City:  State:  Zip:  County:	<b>Type of Event:</b> <input type="checkbox"/> Health Fair  <input type="checkbox"/> Health/Wellness Conference  <input type="checkbox"/> Public Community Meeting  <input type="checkbox"/> Private Organization Meeting  <input type="checkbox"/> Other (specify):	<b>Service Requested:</b> <i>Screenings:</i> <input type="checkbox"/> Blood Pressure  <input type="checkbox"/> Cholesterol  <input type="checkbox"/> Lung Function  <input type="checkbox"/> Other (specify): <hr style="width: 100%;"/> <input type="checkbox"/> Health Information  <input type="checkbox"/> Giveaways  <input type="checkbox"/> Speaker <i>Topic:</i>	<b>Target Audience:</b> (select all that apply)  <input type="checkbox"/> Adults  <input type="checkbox"/> Seniors  <input type="checkbox"/> Children  <input type="checkbox"/> Males  <input type="checkbox"/> Females

***Thank you for your interest in Dimensions Healthcare System community outreach services.***