

Public Education - Materials/Outreach Request Form

Date Mailed:	Case No:	Status:
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Date _____

Fname _____ LName _____ Title _____

Organization _____

Shipping Address _____ Billing Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____ Extension _____ Fax Number _____

Describe Your Organization	Describe Your Event	Describe Your Audience
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- | | | |
|---|---|---|
| <input type="checkbox"/> Child Care/Day Care
<input type="checkbox"/> EMS
<input type="checkbox"/> EMT-Fire Department
<input type="checkbox"/> Government
<input type="checkbox"/> Hospital/Dr's Office/Clinic
<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Media
<input type="checkbox"/> Non-profit
<input type="checkbox"/> Personal Residence
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Poison Center
<input type="checkbox"/> Private
<input type="checkbox"/> School
<input type="checkbox"/> Other _____
<input type="checkbox"/> Unknown | <input type="checkbox"/> Business
<input type="checkbox"/> Campaign
<input type="checkbox"/> Community Event
<input type="checkbox"/> Conference
<input type="checkbox"/> Health Fair
<input type="checkbox"/> Interview
<input type="checkbox"/> Personal/Private
<input type="checkbox"/> Presentation
<input type="checkbox"/> Project
<input type="checkbox"/> Research
<input type="checkbox"/> Training
<input type="checkbox"/> Other _____
<input type="checkbox"/> Unknown | <input type="checkbox"/> Clients
<input type="checkbox"/> Employees
<input type="checkbox"/> Friends
<input type="checkbox"/> Family
<input type="checkbox"/> General Public
<input type="checkbox"/> Parents
<input type="checkbox"/> Patients
<input type="checkbox"/> Professionals
<input type="checkbox"/> Seniors
<input type="checkbox"/> Students (pre/elem/mid/hs/univ)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Unknown |
|---|---|---|

Please fill out section below if you are conducting an event (Health Fair/Presentation/Training etc.)

Name of Event _____

Location of Event _____

Date of Event _____ Begin Time _____ End Time _____ Hours _____ Number of Attendees _____

Topic of Interest _____

Services requested from Poison Center staff:

None Exhibit Presentation Interview Other _____

For Office Use Only:

Accepted Declined Presenter _____ Status _____