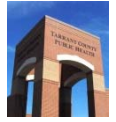




**Tarrant County Public Health  
Public Health Preparedness  
Speaker Request Form**



Thank you for your interest in providing public health outreach in our community. We will carefully consider each request, but priority is given to those organizations which will help us in reaching our strategic goals of enhancing emergency preparedness efforts within Tarrant County. In most cases, we will not be able to confirm participation until two months (or less) from the actual event date. **Please do not publicize our participation in your event until a confirmation notice from our office is received.** For more information, please contact our office at 817-321-4879.

**WE ASK THAT YOUR REQUEST BE MADE AT LEAST SIX (6) WEEKS PRIOR TO THE EVENT**

<b>Date of request:</b>	<b>EVENT Date:</b>	<b>EVENT Time:</b>	
<b>Requesting Organization:</b>			
<b>Event Address:</b>		<b>City</b>	<b>Zip</b>
<b>Contact Person:</b>		<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>	

<b>SERVICES REQUESTED</b> <i>(if event is a health fair, please check all that apply)</i>	
<input type="checkbox"/> Basic Emergency Preparedness <b>Adult</b> (18+ years)	<input type="checkbox"/> Mosquito-borne Diseases (West Nile Virus, ZIKA)
<input type="checkbox"/> Basic Emergency Preparedness - <b>Youth</b> (Grades K-12)	<input type="checkbox"/> Medical Reserve Corps (MRC) Volunteer Program
<input type="checkbox"/> Flu Prevention	<input type="checkbox"/> Strategic National Stockpile (SNS)
<input type="checkbox"/> Hand washing (youth)	<input type="checkbox"/> Other <i>(please specify)</i>

<b>PLEASE PROVIDE INFORMATION ABOUT THE EXPECTED AUDIENCE</b>	
Event type:	<input type="checkbox"/> Presentation <input type="checkbox"/> Health/Wellness Fair (booth)
Expected Number of Attendees:	Age Range:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race or Ethnicity (Check All that Apply):	
<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian-American or Pacific Islander	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Other <i>(please specify)</i>	

<b>ADDITIONAL EVENT INFORMATION:</b>		
Number of times event has taken place:	Est. Number of Attendees:	
Event will be held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Meal Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking/Security Pass Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment provided <input type="checkbox"/> DVD <input type="checkbox"/> Electrical Outlet <input type="checkbox"/> Laptop <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen		
Any additional information:		

*Please return completed form via email to [mdtipton@tarrantcounty.com](mailto:mdtipton@tarrantcounty.com) OR mail to:  
Tarrant County Public Health, 1101 South Main, Ste. 2603, Fort Worth, Tx 76104 – Attention: Monica Tipton*

<b>Office Use Only</b>		
Date Received: Rec'd by:	Approved / Declined:	Date Requestor Notified:
Assigned to:	Team Lead:	