



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1

1540 WEST PARK AVE., SUITE 1, OCEAN, NJ 07712

www.mcrhc.org

COMMUNITY HEALTH EDUCATION REQUEST FORM

Requests must be made at least 30 days prior to the date of event.

Please note, to effectively plan and maximize the capacity of MCRHC staff and resources, those requesting health education and outreach are strongly encouraged to follow these guidelines when making a request:

- Request education and outreach at least thirty (30) days in advance of the planned event date.
- Maintain regular communication with MCRHC staff during the event planning process.
- Ensure that there will be sufficient participation for event.
- Provide a location appropriate for those in attendance to participate and concentrate. The location should accommodate anticipated attendees, including those with disabilities.
- Allow the MCRHC the opportunity to evaluate the program.

We look forward to working with you to provide a program that will meet your needs.

Thank you for your request.

If you are requesting only information (brochures, fact sheets, etc.) on a specific topic, please call 732-493-9520 or email info@mcrhc.org.



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1

1540 WEST PARK AVE., TINTON FALLS, NJ 07724

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COMMUNITY HEALTH EDUCATION REQUEST FORM

Requests must be made at least 30 days prior to the date of event.

Requesting Agency/Organization Name:		
Contact Person Name:		
Email:	Phone:	
Topic/Event Name:	Expected Number of People Attending Event:	
Event Location/Address:		
Is Event <input type="checkbox"/> Indoors or <input type="checkbox"/> Outdoors?		
Please provide a brief description of the people expected to attend event:		
What health education service would you like MCRHC to provide? (Mark all that apply) <input type="checkbox"/> Representation and provide information at health fair or health fair like event <input type="checkbox"/> Presentation on a specific topic <input type="checkbox"/> Other (please specify):		
List the information you would like presented/provided at the event:		
Date Preferred/Requested: / /20_____	Second Choice Date: / /20_____	
Start Time:	End Time:	Will a table be supplied? <input type="checkbox"/> Yes <input type="checkbox"/> No
What presentation equipment will be provided/available? <input type="checkbox"/> Computer <input type="checkbox"/> Projector <input type="checkbox"/> Microphone <input type="checkbox"/> Electrical access <input type="checkbox"/> Internet/Wifi		

MCRHC will strive to honor as many requests as possible. However, we cannot guarantee that all requests will be accepted, as we are limited by previously scheduled events and/or the availability of our health educator and staff.

Please fax this completed request form back to 732-493-9521 or email it to info@mcrhc.org.

For Staff Use Only

Received on/by:	Acknowledged on/by:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
If denied, reason:		