



Breast Health Educational Outreach Request

Name of Event: _____

Brief Description of Event:

Date: _____ (*3 week notice required*) Time: _____ through _____

Location: _____

Event/Company Sponsor: _____

Contact Name: _____

Contact Phone Number: _____ Email Address: _____

If this event is during lunch time/dinner time, will food be provided? _____

Event location: Indoor _____ Outdoor _____

Dress Code: ___ Casual (jeans, t-shirt) ___ Business (slacks, skirts, shirts w/collar)

Estimated number of attendees: _____

Are attendees generally employees: _____

Is a door prize requested: _____

Is a speaker requested: _____ (*6 week notice required*) Topic: _____

Do you need materials in Spanish? _____

Do you have any specific requests for educational materials: _____

If yes please list:

Additional comments or requests:

May donations be encouraged and collected at the event: _____

Event Sponsor Signature: _____ Date: _____

Please email this form back to Ebony Pratt at Epratt@komennorthwestnc.org or to
volunteer.coordinator@komennorthwestnc.org

****Event sponsor must supply table and 2 chairs**