



Community Event & Education Request Form

Thank you for inviting the Virginia Beach Department of Public Health (VBDPH) to participate in your event. In order to ensure we are able to provide the services you are requesting, please complete and return this form to Kaitlyn Mondejar, Population Health Community Coordinator, via email (Kaitlyn.Mondejar@vdh.virginia.gov) or fax (757-518-2640) at least four (4) weeks prior to your event. Program participation is contingent upon staff availability and scheduling. A designated VBDPH staff member will contact you to confirm our participation. If you have any questions, please call 757-518-1361.

Today's Date: _____

Name of Group/Business/Association: _____

Name of Event: _____

Contact Person: _____ Phone #: _____

Email address: _____

Date of Event: _____ Location of Event: _____

Start Time: _____ End Time: _____ Set-up Time: _____

Number of expected participants/attendees: _____

Target audience (*circle/highlight all that apply*): Men Women Adults Children Older Adults

Type of services/information requested:

<input type="checkbox"/> Blood Pressure Screening and Education	<input type="checkbox"/> Food Safety	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Breastfeeding Support	<input type="checkbox"/> Health Insurance Marketplace	<input type="checkbox"/> Oral Health	<input type="checkbox"/> Teen Pregnancy Prevention
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Rabies	<input type="checkbox"/> WIC (Women, Infants & Children) Program
<input type="checkbox"/> Emergency Preparedness and Response	<input type="checkbox"/> Maternal and Child Health (Maternity/Pediatric)	<input type="checkbox"/> Senior Health	<input type="checkbox"/> Zika Information
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Fall Prevention	<input type="checkbox"/> Medication Safety	<input type="checkbox"/> Sexually Transmitted Diseases/HIV/AIDS
<input type="checkbox"/> Other: _____			

Do you charge for vendor booth(s) Yes No If yes, what is the fee? _____

Do you provide access to power? Yes No

Is there a charge for accessing power? Yes No If yes, what is the fee? _____

Do you provide tables/chairs? Yes No

Is free parking provided? Yes No If no, what is the cost? _____

Comments/Additional Information: _____
