



Will County Health Department and Community Health Center

Susan Olenek, Executive Director

If you would like to request the Will County Health Department's presence at your function, please complete this form and send your information to:

sbrandy@willcountyhealth.org

Forms returned not completed cannot be processed.

Today's Date: _____

Contact Person: _____

Agency Name: _____

Name of Event: _____

Date and Time of Event: _____

Location: _____

Arrival/Set-Up Time: _____

Specific Programs or Topics that You would like Presented:

FOR AGENCY USE ONLY:

___ ABLE TO ATTEND ___ NOT ABLE TO ATTEND

CONTACT PERSON FOR EVENT (name, phone, email) _____

CONFIRMATION DATE _____

Please go to www.willcountyhealth.org for information on our programs and services



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and Community Health Center**

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OFFICIAL USE ONLY:

**Summary of Will County Health
Department Appearances**

Topic: _____

Number in attendance: _____

Adolescents: _____ male _____ female

Brochures Distributed: _____

of Professionals: (Clergy, teachers, etc) _____