



Will County
Health Department &
Community Health Center

If you would like to request the Will County Health Department or Community Health Center'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: _____