



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 the completed form file to:

[kjuday@willcountyhealth.org](mailto:kjuday@willcountyhealth.org)

Forms returned that are incomplete cannot be processed.

Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Arrival/Set-up Time: \_\_\_\_\_

Specific Program or Topics that you would like presented or additional details:

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**For Agency Use Only:**

\_\_\_\_\_ **Able to Attend**      \_\_\_\_\_ **Not Able to Attend**

**Contact Person for Event:** \_\_\_\_\_