



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 and saved PDF file to: 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> General Health Department Services | <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> HIV/STI/PrEP |
| <input type="checkbox"/> Community Health Center Services | <input type="checkbox"/> Women, Infants, & Children (WIC) | <input type="checkbox"/> Naloxone/Narcan |
| <input type="checkbox"/> Environmental Health Services | <input type="checkbox"/> Tobacco Control & Prevention | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Emergency Preparedness/Medical Reserve Corps | <input type="checkbox"/> Insurance Enrollment | <input type="checkbox"/> Other (Indicate Below) |

Please Provide detailed description of what services you'd like to request for your event or if there's a specific topic you'd like a presentation on.

For Agency Use Only:

_____ **Able to Attend** _____ **Not Able to Attend**

Contact Person for Event: _____