

## County of Los Angeles Department of Public Health Division of HIV and STD Programs 600 South Commonwealth Avenue 10th Floor Los Angeles, CA 90005 (213) 351-8003



## **Event Request Form**

Requests must be made 3-4 weeks in advance

Agency/Organization name:	
Contact person:	Phone:
Fax:	_ Email address:
Address/Location of event:	
Major cross streets:	Parking info:
Contact person at event:	On-site phone or cell number:
ease note that DHSP has a limited number of staff, there are no guarantees for attendance health fairs. If we are unable to meet your request but you are still interested in distributing IV/ STD materials at your health fair, please call (213) 744-5952 or (213) 744-5949 for more	
Estimated health fair attendance r	umber:
Event date(s)/time(s):	
Which of the following will be prov	ded:Table(s)?Chair(s)?Canopy?
appropriate events, and can answ fair participants. Please note that DHSP has a limi <u>at health fairs</u> . If we are unable	er HIV/ STD questions and play interactive games with heal- red number of staff, there are <b>no guarantees for attendanc</b> to meet your request but you are still interested in distributir
Please email completed request to	Email address:
You will be notified as soon as pos	sible regarding the status of your request.
Thank you.	