



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



## STD Presentation Request Form

*Presentation requests in English must be made 4 weeks in advance  
Presentation requests in Spanish must be made at least 6-8 weeks in advance*

Agency/Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Major cross streets: \_\_\_\_\_ Parking info: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Audience description (i.e. students, clients, community, doctors): \_\_\_\_\_

Number in audience: \_\_\_\_\_

Preferred date(s) & time(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Length of presentation: \_\_\_\_\_

Slide projector available? Yes\_\_ No\_\_

Please note that DHSP has a limited number of staff so there are **no guarantees for presentations.**

Please email completed request to **Monica Celez** at [mcelez@ph.lacounty.gov](mailto:mcelez@ph.lacounty.gov) .

Staff will notify you regarding the status of your request as soon as possible.

Thank you.