



**Public Health
Environmental Health Services**

HEALTH EDUCATION PRESENTATION/EVENT REQUEST FORM

The Division of Environmental Health Services welcomes the opportunity to support your event and to work together to make San Bernardino County a healthier community. Please complete the following form.

Topic(s) Requested	Support Type Requested
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Presentation/Speaker
<input type="checkbox"/> Mosquito & Vector Control	<input type="checkbox"/> Health Fair or Career Fair Booth
<input type="checkbox"/> Pool Safety	<input type="checkbox"/> Written Materials Only
<input type="checkbox"/> Housing/Camp Safety	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

Presentation/Event Information	
Organization:	Event Name:
Event Date:	Event Address:
Event Time:	City/State/Zip:
Estimated Number of Attendees:	Target Audience:
Event Details:	

Contact Information	
Name:	
Organization:	
Address:	
City:	
State:	Zip:
Email:	
Phone:	

Please return completed form at least 2 weeks prior to your event. We will respond within 1 week of receiving your submission. Please note: submission of form does not guarantee representation at your event.

Email or fax to:
 Email: Marie.Jean-Baptiste@dph.sbcounty.gov
 or Lana.Cao@dph.sbcounty.gov
 Fax: 909-387-4323

Or mail to:
 Health Education Program
 Division of Environmental Health Services
 385 N Arrowhead Ave, 2nd Floor
 San Bernardino, CA 92415

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Received by:	Date received: