



# REQUEST FOR SERVICES



## Tséhootsoó Medical Center Public Health Nutrition

Please fill out form completely and email or return to a Public Health Nutrition staff. All requests must be 2 weeks in advance prior to event. If you have any questions, do not hesitate to contact our office at 928-729-8088 or 928-729-8424. Once the request has been received and reviewed, we will contact you to confirm or deny a request. Thank you and we look forward to working with you.

**TODAY'S DATE:** \_\_\_\_\_

**NAME OF ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**TIME OF EVENT:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

**EXPECTED NUMBER OF PARTICIPANTS:** \_\_\_\_\_

**TARGET AUDIENCE:** \_\_\_\_\_

**SERVICES REQUESTED:**

- Booth/Display
- Presentation
- Cooking Class/Demonstration
- Training/In-service
- Active Play/Physical Activity
- Other \_\_\_\_\_

**TOPICS OF INTEREST (Please provide at least 3 specific topics you would like presented)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Does the event location have any of the following?**

- Running water
- Refrigerator
- Computer Projector
- Projector Screen
- Electrical Outlets
- Cooking Stove
- Cooking Utensils
- Tables & Chairs
- Dry Erase Board/Markers
- Other: \_\_\_\_\_

**Special Instructions/comments/other requests:**

\_\_\_\_\_

<b>Official Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied- reason: _____	<b>Staff assigned:</b> _____	<b>Date:</b> _____
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