

OCCUPATIONAL MEDICAL SERVICES HEALTH & PREVENTION EVENT REQUEST FORM

Event requests will be reviewed and subject to approval. Upon completion, please submit this form to HPM@montgomerycountymd.gov. Requests must be submitted at least one month prior to the date requested. Completing this form does not guarantee approval of your event.

Please give 3 date options in order of preference:

- Click or tap here to enter text.
- Click or tap here to enter text.
- Click or tap here to enter text.

Requested Time: Click or tap here to enter text.

Location: Click or tap here to enter text. Activity

Objective: Click or tap here to enter text.

Event Type:

- ☐ Fitness Activity (please specify): Click or tap here to enter text.
- ☐ Health and Prevention Presentation (topic): Click or tap here to enter text.
- ☐ Length: Click or tap notes: Click or tap here to enter text.)
- ☐ Other (please elaborate): Click or tap here to enter text.

Event Logistics

Estimated # of Attendees: Click or tap here to enter text.

Location of event (ex. Conference room, auditorium): Click or tap here to enter text.

Size of space: Click or tap here to enter text.

Technology Available (ex: PowerPoint Screen): Click or tap here to enter text.

Requestor Information

Requestor Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

Date Submitted: Click or tap here to enter text.

Additional Information.

Please add detailed information related to your request: