**OCCUPATIONAL MEDICAL SERVICES**

**WELLNESS EVENT REQUEST FORM**

Event requests will be reviewed and subject to approval. Upon completion, please submit this form to [Megan.Lautz@montgomerycountymd.gov](mailto:Megan.Lautz@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.

Day with the Dietitian

Wellness Presentation (topic: Click or tap here to enter text. length: Click or tap here to enter text. 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: Click or tap here to enter text.