

Rowan County Health Department (RCHD)
Community Outreach and Education Request

(Please request services at least two (2) weeks in advance of your event)

Name of Event:

Organization Hosting Event:

Contact Person(s):

Telephone #: E-mail:

Event Location/Address:

Event Date: Event Time:

Service Being Requested:

Topic/Subject to be Presented:

Format: Booth Class (Interactive) Educational Literature Only (no RCHD staff present)
 Presentation (Lecture) Other Request: _____

Participant Information (check all that apply)

Estimated Number of Participants:

Demographics: Child Teen Adult Senior (60+)

Language English Only English and Other:
Other Language

Literacy (Reading) Level: Elementary/Junior High High School College

Additional Information:

Available at Your Facility/Location (check all that apply):

Projector Screen Computer Tables Chairs Electricity

You may mail, fax or e-mail this completed form:

Mail: Rowan County Health Department
ATTN: Community Health
1811 East Innes Street.
Salisbury, NC 28146

Fax: 704-216-7999

Email: Karla.Aldridge@rowancountync.gov

Request assigned to: