BOSTON PUBLIC HEALTH COMMISSION

THE MAYOR'S HEALTH LINE

A program of the Boston Public Health Commission

REQUEST FOR PRESENTATION

Today's Date: _____

Name of Organization/Agency: _____

Mailing Address: _____

Name of Contact Person: _____
Position/Title: _____   Telephone: (___) _____-_____

Alternate #: (___) _____-_____

It is helpful for requests to be submitted at least two weeks prior to date of presentation. A confirmation phone call will be made once request has been received and assigned.

Size and description of audience: _____

Address where training will be held: _____
(if different from above)

Indicate both <u>date</u> & <u>time</u> of training: **1st Choice**: Date:_____ Time from:_____ to: _____

2nd Choice: Date:_____ Time from:_____ to: _____

Choice of presentation topic:
☐ MassHealth
☐ Medical Security Plan
☐ Healthy Start
☐ Children's Medical Security
☐ Other Topic
Area:_____
_____

☐ Health Care Reform
☐ Serving Health Information Needs of Elders (SHINE)
☐ HelpSteps

Mayor's Health Line AGENCY USE ONLY

Person(s) Assigned: _____   Confirmation call & Date: _____

Date / Time of Presentation: ____/____/___ @ ___:____ to___:____   Travel Time ___:____