AtlantiCare
HEALTH ENGAGEMENT
A MEMBER OF GEISINGER HEALTH SYSTEM

Community Event Request Form

Today's Date: ____/_____/_____ **Organization Name:** _____

Desired Date of Event: _____/_____/_____ **Event Name**: _____

Set up Time: _____ **Start time**: ___ **End time**: _____ **Rain/Snow Date**: ____/_____/____

Event Location: _____ Address: _____

City: _____ State: _____ Zip: _____

Room: _____ **Site has liability insurance?** ☐ Yes ☐ No

Type of Parking: _____ **Parking Fee**: ☐Yes ☐ No **Fee Waived for Staff**: ☐Yes ☐ No

Event Contact Name and Title: _____

Contact Phone Numbers: Cell:_____ Office: _____ Other: _____

Contact Email address: _____

Contact Mailing address: _____

Contact person day of event: _____ **Phone/cell numbers:** _____

Company Health Insurance Provider (if place of employment)**:** _____

Electricity Available: ☐ Yes ☐ No Wireless/Wi-Fi Available: ☐Yes ☐No

Estimated attendance: _____ Language and cultural needs (explain): _____

Are you currently working with AtlantiCare on other initiatives or programs? ☐ Yes ☐ No

If yes, which initiatives/ programs? _____ AtlantiCare Contact: _____

Audience: ☐General ☐Men ☐Women ☐Seniors ☐Children ☐Employees ☐Public ☐Un/Underinsured ☐Other

How is the event being promoted? ☐Press release ☐Newsletter ☐Paid advertisement ☐Other

Purpose of Event (what are your main objectives of event): _____

_____

_____

_____

Please return this form to Christine Mora, AtlantiCare Health Engagement cmora@atlanticare.org or call 609-272-6287 **NOTE:** This is an event request and does not constitute a confirmation, or commitment to attend or provide all services requested. **Please allow a 45 day lead in order to secure appropriate services**. We will inform you of our ability to affirm our participation within ten (10) business days from the receipt of your request, unless otherwise advised.