



Office use only:		
Day: _____	Date: _____	Type: _____
Time: _____		Speaker Time: _____
Volunteer: _____		

Third Party Event Request Form

Today's date: _____
 Organization: _____ Contact Name: _____
 Phone: _____ Email: _____
 Event date: _____ Event time: _____ Length of event: _____
 Event type requested: _____ Health Fair _____ Speaker _____ Education materials only

<p>Event Location : _____</p> <p>Street address: _____ Room number: _____ City: _____ State: _____ Zip: _____</p> <p>Physical directions (if necessary): _____ _____ Is parking provided? Location: _____</p> <p>On-site contact person & phone number: _____</p>
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Describe the type and format of event (lunch and learn, support group, part of a larger meeting, etc.):

Please describe the expected audience (e.g., gender, survivors, age, etc.):

Number of participants expected at event: _____
 Number of other organizations present: _____

If requesting a speaker:	
How much time will the speaker have? _____	What time will the speaker start? _____
Is equipment available for PowerPoint? Yes / No	Will there be other speakers present? Yes / No
What topics would you like covered (check all that apply):	
_____ History and programs of Susan G. Komen®	_____ Breast cancer risk factors/risk reduction
_____ Breast health basics	_____ Personal story of survival
_____ Screening options for breast cancer	

Submit your request to: info@komenmissouri.org O 314.644.5400 F 314.644.5401
 Susan G. Komen Missouri - 1002 Hi-Pointe Place Suite 100 - St. Louis, MO 63117
(A confirmation of receipt will be sent within 10 business days from educationoutreach@komenmissouri.org)

Our vision is a world without breast cancer.....