



A program of the Boston Public Health Commission

# The Mayor's Health Line Community Outreach Participation Form

Please fax completed form to 617-534-2297

Event Date: / /20\_\_ Duration of time: FROM \_\_ am/pm TO \_\_ am/pm

Event Name / Theme: \_\_\_\_\_ Target Audience: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Address/Town/Zip: \_\_\_\_\_

Setting of Event:  Indoor  Outdoor  Other: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Publicity:  Flyers  Press Release  Radio  TV  Newspaper  Other: \_\_\_\_\_

Parking Information:  On street  Parking Lot (free or fee)  Other: \_\_\_\_\_

Will lunch or refreshments be served to staff and volunteers?  Yes  No

Are tables being provided?  Yes  No If yes, how many tables can the MHL have? \_\_\_\_\_

### OUTREACH INFORMATION BEING REQUESTED

- Health Insurance On-Site Enrollment Assistance (with laptop set-up)
- Health Insurance Information and Educational Materials
- Primary Care Referral / Locator Information and Services
- Food Stamps Information and Enrollment Assistance
- Other public health topic areas (specify): \_\_\_\_\_

TO REQUEST A PRESENTATION OR WORKSHOP, PLEASE CONTACT US FOR THE PRESENTATION REQUEST FORM.



617-534-5050  
1-800-847-0710



www.bphc.org/  
MayorsHealthLine

