



Mayor's Health Line / Boston Public Health Commission

1010 Massachusetts Avenue, 2nd Floor

Boston, MA 02118

617-534-5050 Fax: 617-534-2297



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: (____) ____-_____

Emergency: (____) ____-_____

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.

Indicate specific focus, topic or requirement(s) for this program: _____

Size and description of audience: _____

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

Indicate both date & time of program: **1st Choice:** Date:_____ Time from:_____ to: _____

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

Choice of presentation topic:

- MassHealth
- Commonwealth Care
- Medical Security Plan
- Healthy Start
- Children's Medical Security
- Other Topic
- Health Care Reform
- Individual mandate/affordability
- Commonwealth Choice
- Student health insurance
- Other Mass Health-related programs

Area: _____

Mayor's Health Line AGENCY USE ONLY

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

Date / Time of Presentation: ____/____/____ @ ____:____ to ____:____ Travel Time ____:____