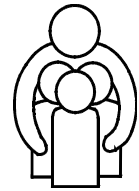




BOSTON PUBLIC HEALTH COMMISSION
CHILDHOOD INJURY PREVENTION PROGRAM
 774 Albany St., 1st Floor, Finland Building, Boston, MA 02118
 (617) 534-5197 Fax: (617) 534-2405



REQUEST FOR PRESENTATION OR HEALTH FAIR ATTENDANCE

Contact Name: _____

Organization/Company: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

Please choose the topics you would like covered in the presentation/health fair:

- Home Safety: Childproofing Your Home
(including window falls prevention, fire safety, and gun storage safety)
- Baby Safety: Infants and Toddlers (includes poison prevention)
- Child Passenger Safety (car seat safety, children in cars)
- Sports Safety (including bike, in-line skating, and skateboarding safety)
- Pedestrian Safety
- Teen Driver and Passenger Safety (including seatbelt use and safe driving)
- Seasonal Safety:
Halloween, Winter/Holidays, Summer, other _____(please circle)
- Home Alone Safety
- Playground Safety

What is the number of people expected to attend? _____

Please describe the audience: _____

HEALTH FAIRS

Date:

Time:

Location:

Sponsoring Organization:

PRESENTATIONS

Please choose at least 3 possible dates and times for the presentation: _____

Please fax this form to (617) 534-2405 and we will contact you as soon as possible about our availability