## Organization Name:

**Contact Name: Contact Number:**

**Email Address:**

**Event Location & Address:**

**Event date: / /**

**Event hours:**

**Speaker’s Time:**

**Event Location:**

* Church □ Community Center
* Business □ Convention Center
* Shopping Mall □ Apartment Complex
* Senior Center □ Park
* Other (please describe)

**Target audience & anticipated number: (**check all that apply**)**

* Adult men
* Teens
* Adult women
* Children

**How is this event being advertised? (**Check all that apply**)**

* Flyers □ Signs
* Television □ Radio
* Newspaper □ Word of mouth
* Internet □ Other

# Please indicate what topics you are requesting:

* Tobacco Cessation □ Secondhand Smoke
* Youth Tobacco Prevention (Tobacco 101) □ Tobacco Related Diseases
* Electronic Cigarettes □ Tobacco-Free Jacksonville Overview
* Tobacco Industry Marketing □ Students Working Against Tobacco
* Tobacco Free Worksite Policies □ Other (please explain below)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **COMMENTS** |
| Has this event occurred before? If yes, how often? Please note in the comments column. → |  |  |  |
| If so, how many people attended? Please note in the comments column. → |  |  |  |
| Are other speakers presenting at this event? |  |  |  |
| Is entrance in this event free for participants? |  |  |  |
| Is parking free for speakers? |  |  |  |

## Other comments about this event: