

COMMUNITY EVENT REQUEST

Please complete the following information to the best of your ability. All the information you provide will be useful as we consider participating in your event. Please know that while UPMC Pinnacle tries to participate in as many community events as possible, these events are each evaluated separately and upon their own merit. Participating in all events is just not feasible. First consideration will be given to repeat community events that address community needs outlined in the Community Needs Assessment.

EVENT NAME: _____

SPONSOR NAME (if applicable) _____

LOCATION: _____

EVENT DATE HOURS _____

INTENDED AUDIENCE: _____

HAS PINNACLEHEALTH PARTICIPATED IN THIS EVENT IN THE PAST? _____ HOW MANY TIMES? _____

SERVICES AVAILABLE (Please mark those you are requesting)

_____ Health Screenings *(there could be a fee associated with screenings)* CIRCLE NO MORE THAN THREE

Glucose; Total Cholesterol; Blood Pressures; Body Fat; Bone Density; Skin Analysis

_____ Educational Presentation *(there could be a fee associated with a presentation)*

Nutrition; Heart Health; Diabetes; Humor; Stress Reduction; Cancer; Other _____ (CIRCLE CHOICE)

_____ Educational Resource Table focus _____

NAME OF PERSON COMPLETING FORM _____

PREFERRED EMAIL AND PHONE OF PERSON LISTED ABOVE - _____

EVENT COORDINATOR (if different from above) - _____

PREFERRED EMAIL AND PHONE OF EVENT COORDINATOR - _____

REQUIRED: ALL EVENT INFORMATION MUST BE RECEIVED AT LEAST 6 WEEKS BEFORE THE SCHEDULED EVENT

TODAY'S date: _____

For UPMC Pinnacle Use

UPMC Pinnacle COST CENTER _____

DATE RECEIVED/BY WHOM _____

PARTICIPATION DECISION _____

ADDITIONAL DETAILS/STATS _____