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| **Outreach and Communication Support Form** Date of Request ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for 2015 CHA Partners)  Please return to: [csmith@ahihealth.org](mailto:csmith@ahihealth.org) |
| **Which of the following does your request pertain to? Please choose one.** |
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| **Prevention Agenda Priority** |
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| **Event Details** |
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| **Please check all the apply** |
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| **Article featured on Healthy ADK website & AHI news blog:** *Please attach a copy of your article to this document. Provide the topic of the article in the box below.* |
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|  |
| **2 posts on AHI Facebook page:** *Please provide the wording for Facebook.* |
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| **1:1 media workshop:** *We will contact you to schedule workshop.* |
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|  |
| **Name** |
|  |
| **Organization** |
|  |
| **Email and phone number** |
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