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| **Outreach and Communication Support Form** Date of Request ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for 2015 CHA Partners)Please return to: 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**  |
|  |
| [ ]  **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.* |
|  |
|  |
| **Name** |
|  |
| **Organization** |
|  |
| **Email and phone number**  |
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