



October 6 - 15, 2008

The *Bilingual Health Week* coalition invites you and your organization to reach Latino families with health information, activities, and/or services during this year's celebration, October 6 – 15, 2008.

If your organization is planning an event during this time frame, please send us the details so we can publicize your event in a BNH week calendar. Through *Bilingual Health Week* activities, you can raise the visibility of your organization and contribute to a citywide promotion that says “*Kansas City cares about the health of Latino families!*”.

Tell us what you're planning. (And we'll include it in BNH events calendar.)

Events can be of any size, large or small, and be held anywhere in the Greater Kansas City area. For a look at what activities have been held the past years, visit <http://www.alianzas.us/bhw>

Here are some example topics:

- Healthy eating, physical activity, living with diabetes, dental care, eye care, domestic violence awareness, immunizations, mental health, disabilities, and accessing health care.

*To submit your event or indicate your willingness to help with a city wide event, please complete the following information and return by **June 20, 2008**. Your event planning can be tentative at this point; we'd just like to know what you're thinking about doing.*

Agency Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Date & title of event: _____

Contact Person: _____

Event location (if different from agency address):

Event times: _____

Who is the target audience:

Anticipated Number of Participants:

Description of the event:

Event Partners: (in addition to your agency) _____

If you are not able to organize or host an event, can you contribute in other ways? (please check all that apply)

volunteer at other *Bilingual Health Week* activities

provide giveaways for events

provide bi-lingual (English/Spanish) volunteers

provide health screenings

provide bi-lingual (English/Spanish) health related materials

other contributions (describe) _____

Please return completed form to:

Glenda Kinder, University of MO Extension

e-mail: kinderg@missouri.edu fax 816-407-3491