

2008 Bi-National Health Week in Missouri

EVENT PROPOSAL FORM

For your event to be affiliated with the Bi-National Health Week in Missouri, please submit this form to Alianzas by mail (2220 Holmes Street, Third Floor, Kansas City, MO 64108), fax (816-235-1762), or e-mail (Katy Fields: fieldskb@umkc.edu). For each event, please complete the following information. All fields are required. You will be contacted about your event(s) no later than 10 days after the receipt of the form.

Title		
Date		
Location Name		
Location Address	Street:	
	City, State:	
	Zip Code:	
Contact Person	Name:	
	Phone Number:	
	E-mail:	
Begin time		
End time		
Will there be a fee to attend? If yes, what will be the amount?		
Target Audience		
Anticipated Number of Attendees		
Please describe what will occur at this event (e.g., services and/or screenings to be offered, activities to occur, materials to be distributed, etc.).		
Will this be a new or already-existing event?*		
How can Alianzas and the Consulate of Mexico best support this event?		

* A new event is one that the Council creates specifically for the Bi-National Health Week. An already-existing event is one that a planning committee separate of the Council created, which will incorporate Bi-National Health Week activities into the already-existing program.