AHCCCS PIO & Community Services Request for Event Participation / Community Education

Today's Date:	Date of Event:	Time of Event:

REQUESTOR INFORMATION

Requester Name:	Name of Organization:

Address:	City:	State:	Zip Code:

Phone no:	Cell no:	Website:	E-mail address:

EVENT INFORMATION

Target Audience:

Description of Event:

Location:

Dress Code: check one	❑ Business Casual:	❑ Casual:	❑ Business :	

❑ Other Please Explain:

Type of Education:	❑ AHCCCS 101	❑ KidsCare	❑ LongTerm Care System (ALTCS)	❑ Healthcare Group	❑ AZ 2-1-1 Online

❑ Other Please describe presentation needs:

HOW WILL YOUR AUDIENCE USE THIS INFORMATION

Describe below:

AHCCCS STAFF

Community Educator Notes:	Confirmed	Tentative	Referred

Office of the Director
Return to: Public Information & Community Services
801 E. Jefferson MD 4100

Phoenix, AZ 85034
communitypartners@azahcccs.gov
FAX 602-252-6536