



BREAST CANCER CONNECTIONS

Your Community Resource for Information & Support

EVENT PARTICIPATION REQUEST

EVENT NAME: _____

DATE & TIME OF EVENT: _____

REGISTRATION DEADLINE: _____

ADDRESS OF EVENT: _____

EVENT HOST: _____

EVENT TYPE: _____

(health fair/conference /presentation/employee fair/school event)

INFORMATION REQUESTED (breast health/BCC info): _____

No. OF EXPECTED EVENT ATTENDEES: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

Office Use Only

BCC STAFF/VONLUNTEER (S) ATTENDING: _____

MATERIALS NEEDED _____

ADDITIONAL DETAILS: _____