

**Outreach Request**

***Please submit request at least 6 weeks prior to the date of Event.***

***All requests must be approved by Komen staff.***

Please email the completed form to mary.morrissey@baptist-health.org. Materials for approved requests will be available for pick-up at affiliate office, located in Little Rock. For more information, please call **501-202-4399**.

|  |  |  |  |
| --- | --- | --- | --- |
| Requested by: |  | Phone: |  |
| Email Address: |  |
| Requesting Organization: |  |
| Event Host/Sponsors:  |  | Event Date:  |  |
| Event Location: |  | Event Time: |  |
| Event Location cont: |  | Anticipated Number of Attendees  |  |
| Event Address: |  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Request for:** Education Materials Only |  | Presentation |  |

Is the requesting organization one of the following *(mark all that apply):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Non-profit  |  | Faith based |  | Medical Provider |  | current Komen Arkansas grantee |  |
| State/Federal Agency |  | College/University |  | Other |  |

**Event Type** *(select one)*:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Health fair |  | Presentation/Lunch & Learn |  | Education Materials Request |  | Other |  |

**Topic of General Interest** *(select one or more):*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breast Health  |  | Breast Cancer |  | Survivorship |  | Affiliate Grants |  | Race for the Cure |  |
| Volunteer Opportunities |  | Fundraising Opportunities |  | Other |  |

**Target Audience** *(mark all that apply):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Women |  |  African-American  |  | unemployed |  | Breast cancer survivors  |  |
| Men |  |  Hispanic |  | working |  |  co-survivors |  |
| Young Adults (18-25 yrs) |  | Caucasian |  |  retired |  | general audience |  |
| Teens (12-16 yrs) |  | Other |  |
| Youth (7-12 yrs) |  |  |  | Other/Not listed |  |

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| --- |
| Notes/Purpose of Event: |