|  |  |
| --- | --- |
|  | New Jersey Department of HealthCommissioner event ATTENDANCE request |

Commissioner welcomes your invitation at any time, however, we appreciate 8 weeks notice prior to an event. Once we receive your request, it will be acknowledged by a return email and processed at the appropriate time. We typically do not confirm events more than 3 - 4 weeks in advance.

If you plan on using promotional materials with the Commissioner’s name, please obtain approval by copying

Nancy Kelly-Goodstein, DOH Ethics Liaison at Nancy.Kelly-Goodstein@doh.nj.gov for Ethics Review prior to public release.

Please email the completed form to: feedback@doh.nj.gov.

| Title of Event | Organization Sponsoring Event |
| --- | --- |
| Date of Event | Is Date Flexible?[ ]  Yes [ ]  No |
| Type of Event[ ]  Meeting [ ]  Speaking Engagement[ ]  Event Appearance [ ]  Tour[ ]  Press Conference [ ]  Ribbon Cutting[ ]  Fundraiser[ ]  Other (specify) : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Event Location and Address |
| Describe the program, including timeline and speaking order or attach agenda. |
| Is event open to Press?[ ]  Yes [ ]  No |
| Any associated expenses such as Registration, Travel or Meals?[ ]  Yes [ ]  No | Can venue accommodate Powerpoint presentations?[ ]  Yes [ ]  No |
| Requested Speaking Time/Length? | Are any Elected Officials invited or attending?[ ]  Yes [ ]  No |
| Who are audience, participants and expected number of attendees? | Who are other invited speakers? |
| Contact Person | Title | Cell or Office Email |
| Additional Notes/Comments |