

New Jersey Department of Health COMMISSIONER EVENT ATTENDANCE REQUEST

Commissioner welcomes your invitation at any time, however, we appreciate 8 <u>weeks notice</u> 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 Flexib	ole?
			☐ Yes	☐ No
Type of Event		Event Location and	Address	
☐ Event Appearance ☐ Tour	ng Engagement Cutting			
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?		Can venue accommodate Powerpoint presentations?		
☐ Yes ☐ No		☐ Yes ☐ No		
Requested Speaking Time/Length?		Are any Elected Officials invited or attending?		
		☐ Yes ☐ No		
Who are audience, participants and expected number of		Who are other invited speakers?		
attendees?				
	I —		I a a	
Contact Person	Title		Cell or Office Email	
Additional Notes/Comments				