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|  | 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](mailto:Nancy.Kelly-Goodstein@doh.nj.gov) for Ethics Review prior to public release.

Please email the completed form to: [feedback@doh.nj.gov](mailto: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 | | | | |