



*Delaware Public Health Laboratory Outreach
Committee (DPHLOC) Interest Form*



Name:

Date:

Organization:

Name of Event:

Background of Event (age group, audience, space for setup and presentation etc.)

What would you like us to talk about/present at the event?



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When will this event occur? (Please let us know at least one month in advance)

RSVP by (mm/dd/yyyy):

Where is it located? (Street Address with City, State, and Zip code/Postal code)

Are there any special requirements for this event?



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health

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Any further comments/questions/concerns?

Our e-mail is DPHL_OUTREACH@delaware.gov

Please send this form to us via e-mail, and we will respond as soon as we can!