

ANOKA COUNTY HEALTH EDUCATION PROGRAM REQUEST FORM

1. Organization: _____
2. Contact Person: _____
3. Phone & Email: _____
4. Type of Request (Circle): Event Presentation
5. Topic of Program (Circle): Tobacco Nutrition Physical Activity

4. Target Audience (who, age, etc.): _____

5. Approximate Number of Participants: _____
6. Date: _____
7. Time: _____
8. Location: _____

9. Preferred Display for Events (see pictures at www.anokacounty.us/v2_dept/ches/health-education.asp)
 - Tobacco-Free Parks & Recreation – Playing Tobacco-Free
 - Breathe Easy – Take Your Smoke Outside (Secondhand Smoke)
 - You Know You Want To...Quit! (Tobacco Cessation)
 - Empowering Americans to Live Stronger, Longer! (Adult Nutrition/Physical Activity)
 - Empowering You to Live Stronger (Youth Nutrition/Physical Activity)



Fax or mail requests to:
Anoka County Health Education ♦ 2100 3rd Avenue, 6th Floor, Anoka MN 55303
(763) 422-7282 (Phone) ♦ (763) 422-6988 (Fax)