Request for Community Outreach

Submit request to [cofaquestions@hca.wa.gov](mailto:cofaquestions@hca.wa.gov)

# Event Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Event name** | Click or tap here to enter text. | | | | | | |
| **Virtual event**  Yes  No  Zoom  Skype  Webex  GoToWebinar | | | | | | | |
| **Event address** | Click or tap here to enter text. | | | | | | |
| **Date** | Date. | | **Time** | | Start AM/PM | to | End AM/PM |
| **Attendees** | Attendees | | **Number of attendees** | | | Number | |
| **Vendor Participation Fee** | | $Cost of event | | Please note: budgetary constraints may prevent HCA participation in events with vendor fees. | | | |
| **Set-up information** | Set-up information | | | | | | |
| **Languages** | Languages | | | | | | |
| **Brief description of event** | | Click or tap here to enter text. | | | | | |

If available, please attach event brochure or flyer.

# Requester Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact name** | Contact name | | |
| **Organization** | Organization | | |
| **Phone** | Phone Number | **Email address** | Email address |
| **Other Details** | Click or tap here to enter text. | | |

# Health Care Authority

To be completed by HCA and returned to requester

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HCA Contact** | | HCA Contact | | |
| **Phone** | Phone Number | | **Email Address** | Email address |
| **Additional Information** | Click or tap here to enter text. | | | |