Request for Community Outreach

Submit request to 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. |