NYC CONDOM AVAILABILITY PROGRAM
HEALTH EDUCATION REQUEST FORM

Agency: ___________________________________________________________________________________________
Contact Person: __________________________________________ Title: _______________________________________
Address: __________________________________________________________________________________________
City: ______________ State: ____ Zip Code: ______
Tel #: (____) _____-_______ Fax #: (____) _____-_______ Email: __________________________________________
*Event Location: ___________________________________________________________________________________

Event: □ Tabling □ Health fair □ Presentation □ Training

Presentation/Training Type: □ Male condom demonstration □ Female condom demonstration
□ Condom negotiation skills □ Condom usage/storage education

Group Type: □ Adult □ Youth □ Senior □ Staff □ Clients

Expected Number of Participants: _______ Languages Needed: □ English □ Spanish

Please give 1st, 2nd & 3rd choices

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Agency Contact Person Signature           Date

To be filled out by DOHMH:

Presentation assigned to: ____________________________ Condom Education Specialist
Date

Please submit a separate form for each request to: Athea Bullard-Young, Condom Education and Field Services Manager

Fax: 718-579-6819   Email: ayoung1@health.nyc.gov
All presentations requests will be assigned within two weeks of the presentation date.
Questions? Please contact Mrs. Young via email ayoung1@health.nyc.gov or at 917-559-3944

All requests will be filled on a first come, first serve basis.
The Department of Health and Mental Hygiene provides equal program and employment opportunities.