# EVENT LOGISTICS FORM

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| **Please provide as much information as possible and return to:** **workwell@olr.nyc.gov****.** |

**Location**

|  |  |
| --- | --- |
| Agency (ACS, DSNY, DEP, etc) |  |
| Name of location |  |
| Address |  |
| City, state, zip code |  |
| Building entrance and cross streets |  |
| Parking information (is there a designated visitor area?) |  |
| Is security present? (If yes, what clearance/ID is needed?) |  |
| Total number of employees at this location: |  |

**Contact Information**

|  |  |  |
| --- | --- | --- |
|  | Main contact | Back-up contact |
| Name |  |  |
| Office phone |  |  |
| Cell phone |  |  |
| Email  |  |  |

**Event Details**

|  |  |
| --- | --- |
| Estimated number of participants: (30% of staff headcount) |  |
| Preferred date: |  |
| Back-up dates:  |  |
| 3rd-choice date: |  |
| Would you like a 2nd clinic date?  | **Preferred 2nd date:****Back-up 2nd date:** |
| Event room name and floor number: |  |
| Event start time\*: |  |
| Is the event open to other City of New York Employees?  | [ ]  **Yes** [ ]  **No** |
| \* The room must be available 60 minutes before and after the event for set-up and breakdown. \* AP will determine end time based on expected participation. If you would like a specific end time, please let the WorkWell NYC team know and we will try to accommodate your request.  |

**Logistics**

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| Can you send emails to all employees at this location? | [ ]  Yes [ ]  No |
| Is there anything else we should know about this event? |