

UMMC Community Health Advocates Screening/Training Request Form

University Mississippi Medical Center
2500 N. State St.
Jackson, MS 36216

Return the form by email to Tammy Dempsey at TDempsey@umc.edu.

UMMC Community Health Advocates Screening/Training Request Form

Contact Person:

Phone Number:

Email Address:

Address of Event (with
zipcode)

Date :

1. Will this be a health screening or training?

Screening

Training

Both

other

2. Can you give an estimate of the number of attendees?

3. Who will be attending?

Community
members

Medical personnel

Students

Other: _____

4. Will tables and chairs be provided?

Yes

No

5. If a training or educational event, will a projector be provided?

Yes

No

6. Will refreshments be provided?

Yes

No

7. Will restrooms be available?

Yes

No

8. Will you provide security?

Yes

No

9. Comments