

Health Education Services Request Form

It is the mission of the Health Education Division to identify, reach, educate, and motivate the citizens of Robeson County to exchange negative or risk-taking behaviors and practices for positive health behaviors that are conducive to achieving optimal health.

The Health Education Service Request Form must be submitted one month in advance. The form can be submitted to the Health Education Director by e-mail, fax, or mail.

Please provide as much information as possible to help facilitate your request.

Requesting Organization Name: Contact Person: Mailing Address: Telephone Number: Fax Number: E-mail Address: Location and physical/street address (Provide detailed directions if po					
					oossible.)
Health Education S	Services desired:				
☐ Presentation	☐ Health Fair	☐ Healt	th Inform	nation	
Service Date(s): _					
Set-up Time: Start Time:					
Start Time:		End Time	!		
Projected Amount					
Item(s) Provided:	-	ipment: Yes			
	Tables:		Yes		
	Chairs:		Yes	_	
	Other:				
Service Topic:					
Additional Comme	nts and Requests:				

Contact Information:

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