



## Workshop Request Form – PLEASE PRINT

Name of Organization:		
Address of Organization:		
Contact Person(s):	Type of Organization:	
WORK PHONE:	Email Address(es):	
FAX NUMBER:		
Address of Site:		
Purpose of Workshop:		
Workshop Date Requested:	Start/ End Time:	
Alternative Date:	Set-Up Time:	
Parking (describe where; cost; and if a special permit is needed) :		
Do you have a projection screen? <b>Y / N</b>	Do you have PowerPoint capabilities? <b>Y / N</b>	
Do you have a budget for this training event? <b>Y / N</b>	If yes, what is the amount (\$):	
Areas of Interest: <b>PLEASE CHECK</b>		
<input type="checkbox"/> Asthma & Allergy ESSENTIALS for Childcare Providers	<input type="checkbox"/> Food Allergies	
<input type="checkbox"/> Asthma & Allergy Basics	<input type="checkbox"/> Asthma in the Older Adult: Toolkit of Better Health	
<input type="checkbox"/> Asthma & Allergies ESSENTIALS for Schools	<input type="checkbox"/> Asthma Care Training Kit (Ages 7-12)	
<input type="checkbox"/> Healthy Homes	<input type="checkbox"/> You Can Control Asthma (Ages 6-12)	
<input type="checkbox"/> Asthma Medications & Transition to New Inhalers	<input type="checkbox"/> "Power Breathing" (Teens)	
<input type="checkbox"/> Wee Wheezers (Ages 4-6 + Parents)	<input type="checkbox"/> Asthma Support Groups/Adolescents/Children/Parents	
<input type="checkbox"/> Environmental Issues - Air Quality, etc.	(CIRCLE WHICH SUPPORT GROUP ABOVE)	
<input type="checkbox"/> Other (Please Explain): _____		
_____		
Anticipated Attendance Number: (Minimum: 25)	Age Range of Attendees:	Description of Audience:
Other Helpful Information: _____		
_____		

AAFA will make every effort to honor your request for a workshop at your site. If we are unable to attend, we have a variety of informational materials available for free and for purchase. You can access these materials by visiting our website ([www.aafa-md.org](http://www.aafa-md.org)) and clicking on "Resources" on the navigation bar. The home page has a link to asthma disparities information for healthcare providers. Thank you.

**Please Fax Request Form to: (410) 484-2043**

**Or mail to:** AAFA MD-Greater DC Chapter, 17 Warren Road, Suite 13-A; Baltimore, MD 21208

(O) 410-484-2054 ; Email: [info@aafa-md.org](mailto:info@aafa-md.org)

**Office Use Only:**

Assigned:
Materials Needed: