

Request for Event Participation

Request Date: _____ Requested By: _____

Organization Name: _____ County: _____

Event Contact Name: _____ Event Contact Email: _____

Event Contact Phone: _____ Event Start Time: _____

Contact's Role in Event: _____

Event Name: _____ Event Date: _____

Venue Name: _____

Venue Phone: _____ Venue Address: _____

Venue City, State, Zip: _____

Sponsoring Organization, if different than above: _____

Sponsor Contact Name: _____ Sponsor Contact Email: _____

Sponsor Contact Phone: _____ Expected Attendees: _____

Describe Event: _____

Purpose of SCHA involvement: _____

Type of participation requested: Sponsorship Promo Items Exhibit Presentation Other (Describe) _____

Cost to SCHA: _____

Is Event being promoted as an Educational Event? (One must be checked) Yes No

South Country Health Alliance is bound by federal and state rules when marketing to eligible populations that may attend this event. These restrictions include, but are not limited to: Educational events require a disclaimer when SCHA sponsors or promotes the event; no meals or subsidized meals may be provided for ANY event where benefits are discussed or materials distributed; gifts or take-away items are limited to nominal values of less than \$15 retail and must be provided to all attendees whether enrolling or not; no cash or gift cards which can be converted to cash may be provided to attendees regardless of dollar amount.

SCHA receives numerous requests to participate in various events. Requests are fulfilled based on the interests of SCHA and the availability of resources. Not all requests will be fulfilled.

Requests should be returned to South Country Health Alliance, Attn: Ellen Lewis, 110 West Fremont Street, Owatonna, MN 55060, via Fax at 507-431-6329, or via email to marketing@mnscha.org.