



CENTRAL GEORGIA MEDICAL RESERVE CORPS
www.northcentralhealthdistrict.com/mrc

“Emergency Preparedness for Special Needs Populations” Presentation Request Form

Organization Name: _____

Point of Contact: _____

Phone: _____

Email: _____

Location Address: _____

Estimated Attendance: _____

Time & Length of Presentation: _____

Date of Presentation: _____

Additional Information: _____

Please return form to:

Fax: 478-751-4575

Email: dfluit@dhr.state.ga.us

Mail: 201 Second Street, Suite 1100

Macon, GA 31201