



CENTRAL GEORGIA MEDICAL RESERVE CORPS  
[www.northcentralhealthdistrict.com/mrc](http://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: [vicki.huff@dph.ga.gov](mailto:vicki.huff@dph.ga.gov)**

**Mail:** 201 Second Street, Suite 1100

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