

Community Event Request

Community Event Request Form

You are not required to identify yourself or submit any personal information. However, it will be helpful should we need to contact you for additional information.

Under Florida Law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity.

Agency / Business / Event:*

Requester's Name:*

Phone #:*

Email Address:*

Event Date:*

Start Time:

End Time:

Description / Details:*

Location and Address:

Location Set-Up: (indoors / outdoors, tables, etc)

Program / Service Line:

- ☐ Health Care District - Outreach
- ☐ C.L. Brumback Clinic (Medical/Dental/Behavioral Health/Mobile Clinic)
- ☐ School Health
- ☐ Trauma Agency
- ☐ E.J. Healey Center
- ☐ Lakeside Medical Center

Services Requested:

Staff:

- ☐ Clinical
- ☐ Non-Clinical
- ☐ Both

maximum 1 allowed

Targeted Audience:

Demographics/(#attendees, age, etc.):

Sponsorship:

Upload Supplementary Information:

Browse...



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Type the code from the image

Mandatory field(s) marked
with *

Submit

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Compliance

Compliance Hotline: 1-866-633-7233

[Compliance Page](#)

Public Meetings

[read all public meetings](#)

C. L. Brumback Primary Care Clinics Finance Committee

Date: May 22, 2024

Location:

Delray Beach Health Center & Zoom Meeting – SEE MEETING DETAILS INCLUDED

Delray Beach Health Center

200 Congress Park Drive, Suite 100

Delray Beach, FL 33455

Social Media

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