



Los Angeles County Affiliate
 11845 West Olympic Boulevard, Suite 665W, Los Angeles, CA 90064
 310-575-3011, Helpline 1-877 GO KOMEN
www.komenlacounty.org

Komen Materials, Representative, or Speaker Request Form

Komen LA County is happy to supply educational materials, Komen representatives, or Komen speakers for events. Please note that all requests are subject to availability and requests must be received **two weeks prior** to the event. If you would like to make a request, please complete this form and return it to us by fax (310-477-7042), email (asinger@komenlacounty.org), or mail (11845 W Olympic Blvd. Suite 665W/ Los Angeles, CA 90064).

1. Contact Person Information

Name: _____ Email: _____

Phone number: _____ Fax: _____

If different from above, contact phone number for day of event: _____

Would you like to receive e-mails from Komen LA County: Yes No

2. Event Information

Company/Organization: _____

Event title: _____

Date of event (MM/DD/YY): _____ Time of event: _____ AM/PM to _____ AM/PM

Event address: _____ City/State/ZIP: _____

Event Description: _____

Parking Information: Parking will be validated There is a \$____ fee for parking Free parking is available

Parking Location: _____

May we post event information on our website: Yes No

3. Participant/Audience Information

Approximate number of total participants/attendees: _____

Primary audience (check all that apply):

- | | | | |
|---|---|--------------------------------|---|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Women | <input type="checkbox"/> Senior/Elderly |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Men | <input type="checkbox"/> Teens |

Primary language(s) of audience (check all that apply):

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|

4. Request Information

Type of request: Educational material without representative Representative Speaker

Educational materials request:

We are happy to supply education materials but if you are looking for pink ribbons, bracelets, or other Komen merchandise, you may order them from Shop Komen (www.shopkomen.com), where 25% of your purchase price will be donated to Komen LA County.

When do you plan on picking up materials from the Komen LA County Office? (Monday – Friday, 8AM - 5PM)

Date (MM/DD/YY): _____ Time: _____ AM/PM

Special instructions/requests: _____

Komen representative request:

Number of representatives requested: _____

Special instructions/requests: _____

Speaker request:

Type of talk: Introduction to Komen Breast Health 101 Komen’s Presence in LA County
 Survivor Testimonial Other: _____

Number of speakers requested: _____ Length of desired talk: _____ Minutes

Special instructions/requests: _____

Breast cancer knows no boundaries - be it age, gender, socio-economic status or geographic location.