

**Student Health Center**  
***Outreach and Health Education Contract***

Valdosta State University  
200 Georgia Ave.  
Valdosta, GA 31698  
229-333-5886

***“Healing the Present...Teaching the Future”***

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**Event Name:** \_\_\_\_\_

**Sponsoring Organization/Class:** \_\_\_\_\_

**Event Date & Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **VSU ID: 870** \_\_\_\_\_

**Phone:**(\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_

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**Topic:** \_\_\_\_\_

**Materials Needed:**

Quantity Needed: (quantities are limited)

**Speaker Needed from Student Health Center:**

YES

OTHER: \_\_\_\_\_

Cancellations must be made 3 days prior to the event.

By signing this contract, you agree that the above information is correct.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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Assigned to: \_\_\_\_\_

Date Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_ # in attendance \_\_\_\_\_

October 2010