New Jersey Department of Health

COMMISSIONER EVENT ATTENDANCE REQUEST

Commissioner welcomes your invitation at any time, however, we appreciate 8 weeks notice prior to an event. Once we receive your request, it will be acknowledged by a return email and processed at the appropriate time. We typically do not confirm events more than 3 - 4 weeks in advance.

If you plan on using promotional materials with the Commissioner's name, please obtain approval by copying DOH Chief Ethics Liaison Officer, Rachel Hammond, at ethics@doh.nj.gov or rachel.hammond@doh.nj.gov for Ethics Review prior to public release.

If you need additional space to describe any of the information requested in the fields below, you may use the attach feature to submit additional information and/or documentation. Please email the completed form to: feedback@doh.nj.gov.

ATTACH

Title of Event	Organization Sponsoring Event
Date of Event Is Date Flexible? ☐ Yes ☐ No	Time of Event Begin Time: _____ End Time: _____
Type of Event ☐ In-Person ☐ Virtual ☐ Meeting ☐ Speaking Engagement ☐ Event Appearance ☐ Tour ☐ Press Conference ☐ Ribbon Cutting ☐ Fundraiser ☐ Keynote Speaker ☐ Panel Discussion ☐ Awards Presentation ☐ Commencement ☐ Other (specify) :	Event Venue: Address: City: State: Zip:
Describe the program, including timeline and speaking order or attach agenda.	
Is event open to Press? ☐ Yes ☐ No	Is this event FREE to all attendees? ☐ Yes ☐ No If no, what is the fee?
Any associated expenses such as Registration, Travel or Meals? ☐ Yes ☐ No	Can venue accommodate Powerpoint presentations? ☐ Yes ☐ No
Requested Speaking Time/Length? Start Time: _____ End Time: _____	Are any Elected Officials invited or attending? ☐ Yes ☐ No
Who are audience, participants and expected number of attendees?	Who are other invited speakers?
Contact Person First Last Title Cell Phone Office Email	
Additional Notes/Comments	
Commissioner's Response ☐ Accept ☐ Decline ☐ Deferred Commissioner's Initials: Date:	