

**Maryland Department Of Health And Mental Hygiene**  
**Office For Genetics And People With Special Health Care Needs**  
**Youth to Young Adult Health Care Transition Workshop**  
**Presentation Request Form**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Time for Set-up: \_\_\_\_\_ Time for Break-down \_\_\_\_\_

Event Location: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Cost to Attendees (if any): \_\_\_\_\_

Cost to iTransition-Health Program staff (if any): \_\_\_\_\_

Topic that you would like addressed: \_\_\_\_\_

\_\_\_\_\_

If needed, will you provide tables, chairs and table skirt?  Yes  No

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return the form by fax to 410-333-7956 or by email to [antoinette.coward@maryland.gov](mailto:antoinette.coward@maryland.gov)

If you must mail the form to the physical address, send to:

Maryland Department of Health and Mental Hygiene  
Office for Genetics and People with Special Health Care Needs  
201 West Preston Street  
Baltimore, Maryland 21201