

Health Promotions Contract

Student Health Center

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

“Healing the Present...Teaching the Future”

=====
Event Name: _____

Sponsoring Organization/Class: _____

Event Date & Time: _____

Location: _____

Contact Name: _____ **VSU ID: 870** _____

Phone:(____) _____ **Email:** _____ @ _____

=====
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** _____

Assigned to: _____

Date Assigned: ____/____/____ **# in attendance** _____