



Service Matching Program Request 2010-2011 School Year

School Name:

School Address:

Contact Person & Title:

Email:

Phone:

Fax:

Alternate Contact Person & Title:

Date	Alternative Date (If necessary)	Time	Name of Program	Audience (Students, parents, or staff)	Grade Level (If applicable)	Number of Participants	Room #

Check here if you would like to receive **our bi-weekly e-newsletter**. The newsletter contains information about student health related funding opportunities, articles, and events.

Note: Many programs have a minimum number of attendees and a limit of 30 participants per session, please contact us for more details.

Please send to: Iyana Mason, Stakeholders Collaboration by **Fax: (312) 243-3954** or **Email: imason@lunghchicago.org**