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**West Los Angeles Medical Center**

**Community Relations Program**

**Event Support Request**

Thank you for your interest in Kaiser Permanente West Los Angeles’ Community Relations Program.

Please complete this form to the best of your ability and email it to Danielle Salmon at [Danielle.N.Salmon@kp.org](mailto:Danielle.N.Salmon@kp.org). **For scheduling purposes please submit your request at least 8 weeks prior to request date.** After your request is reviewed, a representative from Public Affairs will contact you.

**Today’s Date:** Click here to enter a date.

**Organization Name:** Click here to enter text.

**Organization Contact:** Click here to enter text.

**Contact Phone:** Click here to enter text. **Contact E-mail:** Click here to enter text.

**Event Title:** Click or tap here to enter text.

**Event Address:** Click here to enter text.

**Event Date:** Click here to enter a date.

**Event Start Time:** Click here to enter text. **Event End Time:** Click here to enter text.

**Estimated Number of Attendees:** Click here to enter text.

**Attendee Age Group:** Click here to enter text.

**Type of Event:** Click here to enter text.

**Deadline to register for this event/ provide support:** Click here to enter a date.

**Additional Information:** Click here to enter text.

**If you have any additional questions or need additional information, please call Danielle Salmon at (323) 857-4496, select option 5.**