



ATTACHMENT – A

Prevention Services Request

Use this form to request services from the Prevention and Training Branch. Please fill in the information below that is applicable to your request. All requests must be submitted no less than two weeks in advance, but preferably four (4) weeks prior to the anticipated delivery date of the requested services. If you have a request for services not listed, please state this in the section, "Comments regarding your request".

Please fax your completed Prevention Services Request to 477-9076 or submit to:
Department of Mental Health & Substance Abuse
790 Governor Carlos G. Camacho Road
Tamuning, GU 96912

All Prevention Services Requests are subject to approval.

Type of Service(s) Requested:

- Technical Assistance
Speaker
Audio/Visual Resources
Training
(title)

Event/Activity Information

Name of the Event/Activity:
(ie. Red Ribbon Week, Summer Basketball League, etc.)

Type of Event/Activity:

Date:

Time:

Location:

Village:

Anticipated Audience Size:

Anticipated Audience Age Group:

Other Groups, Organizations or Gov't Agencies invited to attend this Event/Activity:

Comments or additional dates regarding your request:

Requestor's Information

Group, Organization or Gov't Agency:

Name:

Title:

Address:

Telephone:

Cellular:

Facsimile:

Email:

Best time to call:

Alternate contact person:

Telephone: