| **When:** [Insert date] - Tabletop Exercise[Insert date] - Controller/Evaluator Training[Insert date] - Functional Exercise[Insert date] - After Action Meeting**Time:**[Insert time]**Where:**[Insert location][For additional information on the](http://www.swmhe.com/)[California Statewide Medical and Health Exercise,](http://www.swmhe.com/)[visit http://www.swmhe.com](http://www.swmhe.com/) |
| --- |



| **[INSERT YEAR] STATEWIDE MEDICAL AND HEALTH EXERCISE****SAVE THE DATE** |
| --- |

**OVERVIEW**

The California Statewide Medical and Health Exercise (SWMHE) will be held on [insert date] from [insert time] to [insert time] at the [jurisdiction/organization/facility name here].

**Participating organizations include:**

* [list participating jurisdictions/organizations/facilities here]
* [list participating jurisdictions/organizations/facilities here]
* [list participating jurisdictions/organizations/facilities here]

**OBJECTIVES**

**Exercise objectives include:**

* [Insert exercise objectives here]
* [Insert exercise objectives here]
* [Insert exercise objectives here]

**POINT OF CONTACT**

You are invited to share this ‘save the date’ with interested agencies and organizations. For more information, or if your agency or organization is interested in participating in the [jurisdiction/organization/facility name here] SWMHE, please contact:

[Name, Title]

[Agency]

[Email]

[Telephone]