

California Department of Public Health
Nutrition Education and Obesity Prevention Branch

Event Calendar Submission Form



TITLE: _____

WHEN: _____

FORMAT: WEBINAR IN-PERSON OTHER _____

WHERE: _____

DESCRIPTION: _____

SPONSORED BY: NETWORKFOR A HEALTHY CALIFORNIA
 OTHER _____

AUDIENCE: _____

REGISTRATION: _____

CONTACT: _____

Please email this form and any other inquiries to:
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(916) 552-9894