

California Department of Public Health
Nutrition Education and Obesity Prevention Branch

Event Calendar Submission Form



EVENT TITLE:			
DATE & TIME:	DATE:	TIME:	
DESCRIPTION:			
AUDIENCE:	PRIMARY:	SECONDARY	
LEVEL:	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED
FORMAT:	<input type="checkbox"/> WEBINAR	<input type="checkbox"/> IN PERSON	<input type="checkbox"/> OTHER
LOCATION:	ADDRESS:		
REGISTRATION:	LINK OR INSTRUCTION:		
RECORDING:	LINK		
MATERIALS:	LINK		
CONTACT:	EVENT CONTACT NAME & E-MAIL		
CATEGORY:	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> PARTNERSHIPS
	<input type="checkbox"/> MEETINGS / CONF	<input type="checkbox"/> PROGRAM	<input type="checkbox"/> EVALUATION
	<input type="checkbox"/> OTHER		
SPONSOR:	<input type="checkbox"/> NEOPB	<input type="checkbox"/> OTHER	

Please submit 3+ weeks in advance to:
[Support Staff Requests - New Web Update](#)