

*North Carolina Health Careers Access Program*

**Health Careers Information And Enrichment (HCIE) Workshop  
Scheduling Form**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

School/Organization \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) City State Zip Code

School/Organization Telephone \_\_\_\_\_ Emergency Number \_\_\_\_\_  
(Area Code) Telephone Number (Area Code) Telephone Number

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(Area Code) Telephone Number

We would like to schedule a Health Careers Information & Enrichment (HCIE) Workshop for our school on one of the following dates. *Note: If you are requesting more than one workshop, please indicate.*

**DAY/DATE**

**TIME**

1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

\_\_\_\_\_

Please indicate the location (within your school/organization) where the workshop is to be conducted.

Media Center  Library  Lecture Room (#\_\_\_\_)  Other (specify) \_\_\_\_\_

Indicate the availability of the following:  TV/VCR  Overhead Projector  Projection Screen  
 Microphone  Lectern/Podium  Small Table

Number of Participants Expected:  10-20  21-30  31-40  41-50  
(Number per workshop not to exceed 50)

Grade Level of Participants:  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  Other \_\_\_\_\_

Return completed form to: Mary Brinson, HCIE Workshop Coordinator • North Carolina Health Careers Access Program • CB# 8010, 301 Pittsboro Street, Suite 351 • Chapel Hill, NC 27599-8010 • Fax # (919) 966-6109 • Email: [mbrinson@email.unc.edu](mailto:mbrinson@email.unc.edu).

**This Block For NC-HCAP Office Use Only**

Workshop Request # \_\_\_\_\_ Assigned To:  NC-HCAP @ UNC-CH  NC-HCAP Center @ \_\_\_\_\_  AHEC \_\_\_\_\_

Confirmation  Mailed (Date \_\_\_\_\_)  Referred (Date \_\_\_\_\_)

Workshop Scheduled (Day/Date/Time \_\_\_\_\_)