## Request for Alaska DHS&EM Earthquake Simulator & Preparedness Materials

Return to: michelle.torres@alaska.gov

Specific Requirement (i.e., Earthquake Simulator, Preparedness Materials, other)	Date(s) of Event	Time of Event
Title of Event (Include website, if applicable)	Expected Attend	ance
Title of Event (include website, if applicable)	Expected Attend	ance
Site of Event (i.e., park, auditorium, school, etc.)	Address of Event (Street, City,	
	State, Zip)	
Program Description	Have other Emer	rgency
(Describe program theme and objective, audience size and civic makeup, and the		
purpose of DHS&EM participation)	requested to support this event?	
purpose of briskery puriterpution)	requested to sup	port tins event:
Is there any charge? (i.e., admission, parking, etc. If so specify.)	Is this a fundraisi	ing event?
Organization Information		
Name of Organization		
Does the event have the official backing of the local emergency management	<u> </u>	
Does the event have the official backing of the local emergency management office?	Yes	No
office?	Yes	No
	Yes	No
office?	Yes	No
office?  Name of contact and extent of involvement		
office?	Yes Organization Add	
office?  Name of contact and extent of involvement		
office?  Name of contact and extent of involvement  Name and Title of Requester	Organization Add	
office?  Name of contact and extent of involvement		
office?  Name of contact and extent of involvement  Name and Title of Requester	Organization Add	
office?  Name of contact and extent of involvement  Name and Title of Requester	Organization Add	
office?  Name of contact and extent of involvement  Name and Title of Requester  Email	Organization Add	dress
Name of contact and extent of involvement  Name and Title of Requester  Email  I am acting on behalf of my organization and certify that the information provided	Organization Add Phone	dress te and accurate to
Name of contact and extent of involvement  Name and Title of Requester  Email  I am acting on behalf of my organization and certify that the information provided the best of my knowledge. I understand that DHS&EM Preparedness staff will contact the staff of the sta	Organization Add Phone d above is comple	dress te and accurate to
Name of contact and extent of involvement  Name and Title of Requester  Email  I am acting on behalf of my organization and certify that the information provided the best of my knowledge. I understand that DHS&EM Preparedness staff will conprior to final commitments, or to inform me of their inability to support this even	Organization Add Phone d above is comple ntact me to discus	te and accurate to as arrangements and that operational
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