**BPHC Primary Health Care Digest / Technical Assistance Calendar**

**Announcement Template**

Please submit a **minimum** of two weeks prior to the event or desired announcement date.

**Event Information**

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| **Name of Sponsoring Organization(s):** | National Health Care for the Homeless Council |
| **Name of Announcement (Title of webinar):**  | REQUIRED |
| **Date and Time:***Ex: August 20, 2014, 3:00pm – 4:00pm, ET* | REQUIRED (please use Central time) |
| **Announcement:** ***Note: Each submission should be no more than two sentences.*** | REQUIRED (this is not the full description—it can ONLY be two sentences) |
| **URL Link/Website:** |  |
| **Intended Audience:** | Clinicians, Administrators, all audiences. |
| **Learning Objectives:** | 1. REQUIRED
2. etc.
3. etc.
 |
| **Predefined goals/metrics addressed (if applicable):** | REQUIRED (activity #) |