

CASPER Map Request Form

Thank you for submitting your CASPER to be reviewed for inclusion on the CDC CASPER Interactive Map! Please provide the following information with as much detail as possible. Please email Amy Schnall (GHU5@cdc.gov) if you have any questions or concerns. Thank you.

NAME*:

EMAIL*:

PHONE NUMBER:

CASPER TITLE*:

CASPER TYPE*: Response Preparedness Other

EVENT (e.g., earthquake, heat, flood, etc.):

LOCATION*:

DATE(S) OF CASPER*:

PURPOSE (please briefly describe the objectives of the CASPER)*:

PUBLICATION/REPORT LINK (if available):

OTHER INFORMATION (please provide any other relevant information):

*Required items