



Carolinan Medical Center-Union

Health Fair Request Form

Requests should be made 4-6 weeks in advance of the event. All requests must be submitted in writing and will be considered on an individual basis.

ORGANIZATION INFORMATION

Name of Organization _____

Contact Person _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

EVENT INFORMATION

Name of Program/Event _____

Day & Time of Program/Event _____

Location of Program/Event _____

Description of Location (indoor/outdoor, electricity, etc.) _____

Would you like us to provide health screenings? YES NO

What health screenings would you like us to provide? (Please circle all that apply)

Blood Pressure Cholesterol (50 minimum) Glucose Other _____

AUDIENCE DEMOGRAPHICS

Expected Number of Attendees _____

Who is your target audience? General African-Americans Seniors

Men Employees Women Kids/Parents Other _____

Will participants be mainly English or Spanish speakers, or both? _____

ADDITIONAL INFORMATION

Please indicate how you heard of us _____

Comments _____

**Thank you for your request. Please fax this completed form to Liberty Stroman at 704-225-2881
or email to liberty.stroman@carolinashealthcare.org**