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