



Houston and Southeast Texas Chapter

All requests must be received 30 days prior to event date, (45 days for bilingual audiences). You will be given a receipt of this health fair request within 1 week of receiving the request. Please fill out all information. This allows us to help serve your needs better.

Health Fair Program Request Form

Today's Date: ___ / ___ / ___ Event Date: ___ / ___ / ___ Expected # in attendance: _____

Requesting Organization: _____

Contact Person: _____

Email Address: _____

Telephone #: _____ Fax #: _____

Set-up Time: _____ Health Fair Time: _____

Location / Building Name of Event: _____

Physical Address: _____ (Street number) _____ (City) _____ (County) _____ (Zip Code)

Special Directions (Breakfast or lunch, directions, parking, etc): _____

May we publish this event on our website? ___ Yes ___ No Name / email of contact person if different from above: _____

Purpose of Health Fair

Please briefly describe the purpose of the event: _____

Target Audience:

- ___ General Public ___ Senior Groups ___ College and University ___ Health Professionals
___ Corporate Setting ___ K - 12 students ___ Families ___ Faith-based
___ Other: _____

Please briefly describe your target audience:

Program Materials you'd like us to bring:

- ___ Basic Information ___ Memory Walk Information
___ Spanish Materials ___ Safe Return® Information
___ Know the 10 Signs, HELpline cards