

# Health Fair Request Form

Please complete this form and email to [carly@LHSFNA.org](mailto:carly@LHSFNA.org) at least 30 days prior to event. For questions regarding health screenings, contact Carly Sager at 202-628-5465. Thank you!

Note: Please instruct attendees to fast (no food or drink except water for at least eight hours) for best results.

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Event: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Job title: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(Please include full address)

Day of Event Contact Person:

# People: \_\_\_\_\_ Kids: Y \_\_\_ N \_\_\_

\_\_\_\_\_

Type of Request: (please check)

Job title: \_\_\_\_\_

- Fully Staffed Event:
- Equipment Only:
- Spanish Publications Needed:

Cell Phone: \_\_\_\_\_

Closest Airport: \_\_\_\_\_

Other: \_\_\_\_\_

Recommended Hotel: \_\_\_\_\_

Hotel phone number: \_\_\_\_\_

# of RNs requested: \_\_\_\_\_

Will the nurse(s) need a ticket for admission to the event or parking?

Yes \_\_\_ No \_\_\_

# of Tobacco Quit Kits requested (up to 10 per request): \_\_\_\_\_/10

(Please provide additional information below)

## Other LHSFNA Services

Please visit our website at [www.lhsfna.org](http://www.lhsfna.org) if you would like to order the following items for your event:

- Sun Sense Plus Products
- Additional Publications
- Posters

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