



Health Fair Participation Request Form

Requester Information

Requester Name: _____ Date: _____
Last First

Phone Number: _____

Organization: _____

Email: _____

Health Fair Information

Organization _____
 Hosting Event: _____

Date(s): _____ Start Time: _____ End Time: _____

Address: _____
Street Address Suite#

City State ZIP Code

Please describe your event:

Will health screenings be offered at the event? YES NO

Is the event held indoors or outdoors? **(circle one)**
 Indoors Outdoors

Expected attendance: _____ Who is the target audience for the event: _____

Has this event been held previously? If so, when? How many people attended most recently? _____

Will a table be provided? YES NO

Is there a cost to participate? YES NO

Please include a detailed description of the information or services you are requesting from MD Medical Group (this can include handouts- clinic service information and contact info, speaker-medical provider, promotional items, medical screening supplies).