



REQUEST FORM

Requests must be made 4-6 weeks in advance

Location: _____

Event Date: _____ **Time: From:** _____ **to:** _____

Organization Name: _____

Contact Person: _____

Address: _____

Major Cross Streets: _____

Email Address: _____ **Phone number:** _____

1. What topics/education would you like provided? _____

2. Do you need a speaker? If so, what topic? _____

3. Estimated number of people attending health fair? _____

4. Event description? _____

5. Population targeted? (i.e., women, etc.) _____

6. List advertisements promoting your event?

7. What screenings are you requesting? (see health fair list)

**8. Do you have a third party vendor or Corporate Wellness Program?
(Circle one) Yes or No**

Please email completed form to: WIM@Jupitermed.com

