



# DeKalb Medical

## Health Fair Request Form

Please note all requests must be received at least four weeks prior to the event date. Once this form is completed it will be forwarded to our selection committee. They will review it and come to a decision in 5-7 days. Thank you for your interest in DeKalb Medical.

**Also, we must have a location for both the event and the organization, even if they happen to be the same.**

Date of event	Day of event	Event Start & Finish Time	Event Title & Location	Organization Name & Address
			Please circle: Is the organization	for profit or nonprofit?

Estimated Attendance	Age Range of Participants	Today's Date	Contact Name	Contact's Phone #	Contact's E-Mail

Check all the Apply: Guests will be \_\_\_staff \_\_\_community \_\_\_private members

Is there a vendor fee for this event?	Is there an event fee?	How will this event be advertised?

**What other organizations will be in attendance?**

**Who is your intended audience?**

The day of the event:

What service would you like us to perform?	
Will any other vendor be there performing the same tasks?	
On the day of the event, where do we park?	
Where do we enter the building?	
Are there any special instructions for unloading?	
Is this an indoor or outdoor event? If it is out-of-doors, the nurses require a shaded area. Can you provide this?	
Can you also provide a 6 foot table and 4 chairs?	
Is there anything else you would like to tell us about your event?	