



## CHOP Health Fair Request Form

**Instructions:** Please print and fax completed form to (305) 278-0441. The form will be shared with the Consortium for a Healthier Miami-Dade distribution list. The Consortium members will then contact you directly to discuss their availability to participate in your event.

**Title of Event:** \_\_\_\_\_ Location of Event \_\_\_\_\_  
 Address of Event Site \_\_\_\_\_  
 Date of Event \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
 Day(s) of the Week for Event \_\_\_\_\_

**Event Sponsor:** \_\_\_\_\_  
 Lead Organization's Name \_\_\_\_\_  
 Co-Sponsor Organization's Name \_\_\_\_\_  
 Event Planner's Name \_\_\_\_\_  
 Title \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date Booth Registration Due by \_\_\_\_\_ Booth Fee(s) (if any) \_\_\_\_\_  
 Contact Person for Booth Registration \_\_\_\_\_  
 Daytime Telephone \_\_\_\_\_ or \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Purpose or Theme of Event:** \_\_\_\_\_  
 Target Audience \_\_\_\_\_ Languages Represented \_\_\_\_\_  
 Age Group of Attendees \_\_\_\_\_  
 # Attended Last Year \_\_\_\_\_ # Expected This Year \_\_\_\_\_

**Event Planner Requests These Services From Health Providers (Vendors):**

- |                           |                            |                           |
|---------------------------|----------------------------|---------------------------|
| Adult Immunizations _____ | Diabetes Education _____   | Nutrition _____           |
| Arthritis _____           | Domestic Violence _____    | Prostate Cancer _____     |
| Asthma _____              | Family Planning Info _____ | Safer Sex Materials _____ |
| Blood Pressure _____      | Glucose Testing _____      | Sexual Assault _____      |
| Breast Cancer Info _____  | Healthy Start _____        | Sickle Cell _____         |
| Breastfeeding/WIC _____   | Hepatitis Education _____  | STD Education _____       |
| Cervical Cancer _____     | Hepatitis Testing _____    | STD Testing _____         |
| Child Immunizations _____ | HIV Education _____        | TB Education _____        |
| Cholesterol _____         | HIV Testing _____          | Teen Clinic Info _____    |
| Dental _____              | KidCare Info _____         | Tobacco Cessation _____   |

Chronic Disease Prevention (Specify) \_\_\_\_\_  
 Environmental Health (Specify) \_\_\_\_\_  
 Mental Health (Specify) \_\_\_\_\_  
 Presentations (Specify) \_\_\_\_\_  
 Social Services (Specify) \_\_\_\_\_  
**Other Services** (Specify) \_\_\_\_\_  
**Prohibitions?** (E.g. condoms, safer sex materials) \_\_\_\_\_

(Continued on Reverse)



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### Site Accommodations for Health Providers (Vendors):

Indoor \_\_\_\_\_ or Outdoor \_\_\_\_\_  
Rain Shelter \_\_\_\_\_  
Bathrooms \_\_\_\_\_  
Private Area for Confidential Screening Available? \_\_\_\_\_  
Electricity \_\_\_\_\_  
AV Equipment \_\_\_\_\_  
Refrigeration (for Vaccines, Test Supplies) \_\_\_\_\_  
Refreshments Yes \_\_\_\_\_ No \_\_\_\_\_  
Details For Vendor Parking \_\_\_\_\_  
Location of Vendor Check-in Table & Site Map \_\_\_\_\_  
Time for Vendors to Set Up \_\_\_\_\_  
Is Set Up Assistance Available? \_\_\_\_\_  
Breakdown Time? \_\_\_\_\_

### Strategy to Attract Attendees:

Coordination With What Other Organizations? \_\_\_\_\_  
Open to the Public? \_\_\_\_\_ Any Cost? \_\_\_\_\_  
What Entertainment Provided? \_\_\_\_\_  
What Children's Activities? \_\_\_\_\_  
What Radio &/or TV Spots? \_\_\_\_\_  
Newspaper Announcements? \_\_\_\_\_  
Flyers Distributed to Other Organizations Well in Advance? \_\_\_\_\_  
Who Will Canvass Neighborhood With Flyers? \_\_\_\_\_  
Who Will Post Signs in Key Neighborhood Spots? \_\_\_\_\_  
Other Marketing Activities? \_\_\_\_\_

### Comments (Please include special instructions.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER:** *The Consortium is NOT endorsing any activity by disseminating this form. The purpose of this form is only to disseminate information about community health fairs and provide a forum for collaboration and partnerships between interested organizations. It is NOT the responsibility of the Consortium to coordinate or determine if there is any sponsorship exclusivity related to each community health fair. Any questions regarding the event must be directed solely to the event planner.*