Health Fair Request Form
For Emory Decatur Hospital and Emory Hillandale Hospital

Please complete and return this form to Lumekia Carr, Community Outreach Coordinator, at Lumekia.carr@emoryhealthcare.org. Your request will be reviewed by our selection committee to determine if we have resources available to participate in your event.
Thank you for inviting us!

Date of event	Set up time	Event Start & Finish Time	Event Title & Location	Organization Name & Address
Is this a first-time event?			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? *Fitness prize wheel, sugar shocker demo, distribute info.* *Please note the only screening available is blood pressure*.	
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?	
Can you provide a tent, 6 foot table and 4 chairs?	
Is there anything else you would like to tell us about your event?	