



## HEALTH FAIR Request Form

**Please Fax to: Traci Wilson 608-833-4725**

*Date of Request* \_\_\_\_\_ *Date of Health Fair* \_\_\_\_\_

*Place of Health Fair* \_\_\_\_\_

*History of Event (Number of other Vendors, Past Success with Health Fair, Etc.*

\_\_\_\_\_

\_\_\_\_\_

*Number of Expected Attendees* \_\_\_\_\_

*Contact Name* \_\_\_\_\_

*Title* \_\_\_\_\_

*Office*

*Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_

\_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

\_\_\_\_\_