HEALTH FAIR REQUEST FORM

ORGANIZATION CONTACT INFORMATION (PLEASE PRINT OR TYPE)

Organization/Business Name: ______________________________

Health Fair Contact Name/Title: ______________________________

Work Address: ______________________________

City: __________ State: __________ Zip: __________

Email: ______________________________

Phone #/Cell Phone #: ______________________________

HEALTH FAIR INFORMATION

Date of Health Fair: ______________________________

Location of Health Fair: ______________________________

Theme of Health Fair: ______________________________

Start/End Time: ______________________________

Cost to Participate (if applicable): ______________________________

Drawing Item Requested: ______________________________

Time of Set-Up: ______________________________

Booth Size/Space Allocated: ______________________________

Are any of the following provided? (Please circle)

Chairs Tent Tablecloths Table skirts Electricity

Target Audience: ______________________________

# of participants/attendees expected: ______________________________

Health Fair Goals: ______________________________

____

____

Is there an opportunity for a speaker? ______________________________

List healthcare providers participating: ______________________________

____

How will the health fair be promoted? ______________________________

____

Specific/Special Requests: ______________________________

Application Submission Criteria are as follows:

*Application must be submitted 90 days prior to event. If application is received after the 90 day deadline, participation cannot be guaranteed.
*Organization is a CoxHealth Network and/or Wellness client.
*Organization has 100+ employees located in our primary service area.
*Organization has 250+ employees located in our secondary service area.
*Health Fair is a public event with 500+ participants expected.

Please submit health fair requests to:
CoxHealth Wellness Department
Attn: Wellness Office Coordinator
corporatewellness@coxhealth.com
Phone # 417/269-9140
Fax # 417/269-9143