

Health Fair Request Form

Dear Agency,

The Harris County Hospital District strives to attend as many community health fairs as possible. We thank you for taking an interest our services. The services we provide are:

- **Cholesterol screenings**
- **Blood pressure screenings**
- **Health education**
- **Financial Assistance Eligibility Information**

Please complete this form and submit it by mail, email or fax at least **2 months** before the date of your event. You will be contacted to confirm receipt of your request. Please note that our participation will be based on the availability of our staff. We will contact you to confirm or decline our participation **no later than a month** before the date of your event.

DATE:	
TIME:	
LOCATION:	
ADDRESS:	
ZIP CODE:	
EVENT NAME:	
TARGET AUDIENCE:	
APPROX. NUMBER EXPECTED:	
SERVICES REQUESTING:	
CONTACT PERSON:	
CONTACT PHONE NUMBER:	
CONTACT EMAIL:	

If we are unable to attend, we can provide you with educational literature about the Hospital Districts Services (Ask Your nurse, Make the right call, Financial Assistance information). If this is the case, would you like us to send you this information?

_____ YES _____ NO

Thank you,

Health Fair Coordinator

HCHD~Health Fairs
713-566-6718 phone line / 832-487-2081 fax /
healthfair@hchd.tmc.edu