

Today's Date: \_\_\_\_\_

## Health Fair / Event Participation Request Form

Please complete and return to **Planned Parenthood** by fax: 404-688-0621

Contact Name: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization: \_\_\_\_\_  
(youth service, college/university, drug rehabilitation center, etc.)

Event Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_

DATE AND TIME OF EVENT: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_ Average Age of Attendees: \_\_\_\_\_

Do you have any special needs not listed above? \_\_\_\_\_

Will you provide: Table: \_\_\_\_\_ Chairs: \_\_\_\_\_ Other: \_\_\_\_\_

What has prompted you to contact Planned Parenthood at this time? \_\_\_\_\_

How did you hear about Planned Parenthood? (choose one)

Website Printed Material Referral: \_\_\_\_\_ Other: \_\_\_\_\_

*Confidentiality: All information is for use by the Education Department's staff for record keeping purposes only.*

*PPG use only:*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Staff/Volunteers: \_\_\_\_\_