



HEALTH FAIR/EVENT PROPOSAL FORM

Thank you for your interest in working with Children's Hospital (Children's) on your event. For over 130 years, it has been Children's mission to better serve our community through care, advocacy, research and education. To effectively meet the many requests we receive to participate in health fairs and events across the DC Metropolitan region, we ask that you please fill out the following application and return it no later than 45 days prior to your event. Once received, the Advocacy and Community Affairs Department will review your application for approval. Application acceptance is based on availability of Children's resources. Preference is given to events that have children and their families as an audience. **NOTE: If your form is incomplete and/or not returned within the specified timeframe, we will be unable to consider your event. Please mail or fax to: Ms. Leona Blakey, Senior Administrative Assistant, Government & External Affairs, Advocacy & Community Affairs, Children's Hospital, 111 Michigan Avenue, NW, Washington, DC 20010; fax is 202-471-4850.**

Please check the box that best describes the event host:

Individual Business School Non-Profit Organization Other _____

EVENT DESCRIPTION

Name of Event: _____

Nature of Event (Please explain in detail): _____

When has this event been done before? _____

Has Children's participated before? _____

Complete address of event site: _____

Date(s) of event: _____

(CNMC can't accommodate rain dates)

Indoor Outdoor Hours of event: _____ Hours of set-up: _____

Anticipated attendance: _____ Is there a cost to participate? _____

What other organizations are participating? (Please list all): _____

EVENT CONTACT INFORMATION

Name of Business/Group/Organization: _____

Website (if applicable): _____

Address: _____

Contact Person: _____ Phone: _____
Fax: _____ Email: _____

Alternate contact person: _____ Phone: _____

Please answer the following questions so that we may effectively prepare for your event.

What do you hope to achieve from your event? _____

How would you like for Children's Hospital to participate (Please check one)

- Nutrition and Fitness Safety and Injury Prevention Medical Mobile Health Unit
 Dr. Bear's Express (for childhood immunizations only; requires addition qualifications)

Who is your target audience? _____

What portion of your event is focused on health issues? _____

OFFICE USE ONLY

Result: Will Attend Cannot Attend Send LIT/only VOL CR Staff

Staff/Volunteer Name _____