



National
Kidney
Foundation™

Event Request Form

Serving the National Capital Area
5335 Wisconsin Avenue, NW, Suite 300
Washington, DC 20015-2030
Tel 202.244.7900
Fax 202.244.7405
www.kidneywdc.org

Organization Name _____
Contact Name _____
Address _____
City State Zip _____
Phone _____ Fax _____
E-mail _____

Type of Request

- Educational Table (1 - 6' table & 2 chairs)
- KEEP® Healthy (Min. 4 - 6' tables & 26 chairs)
Blood pressure check, BMI, Risk Survey, Consultation
- Speaker – “Your Kidneys & You” (1/2 hour presentation)
- Literature/Brochures
- Other - Describe _____

Date of Event _____ Time of Event _____

Expected Attendance _____

Location/Address of Event _____

Is event open to the public? Who is your target audience (adults, children, families, employees, etc.)

What other health & non-profit organizations will be participating?

Does your organization have a connection to kidney disease?

How did you hear about us?