## Event Request Form

Organization Name ________________________________________________________________

Contact Name ______________________________________________________________________

Address __________________________________________________________________________

City State Zip ______________________________________________________________________

Phone ___________________________ Fax ______________________________

E-mail ________________________________________________

### Type of Request

- [ ] Health Fair/Educational Table (1 - 6’ table & 2 chairs)
- [ ] KEEP® Healthy Screening (Minimum 4 - 6’ tables & 26 chairs)
- [ ] Speaker – “Your Kidneys & You” (1/2 hour presentation)
- [ ] Literature/Brochures
- [ ] Professional Education, describe_______________________________________________
- [ ] 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?

Please return to Shae McKim: shae.mckim@kidney.org or fax 202-244-7405.

Any questions? Contact Shae at 202-244-7900 ext. 712