If you are interested in having Franciscan St. James Health be a part of your health fair or other event, please complete the following form. Our ability to participate or provide services is dependent on several factors. We must receive the request at least 60 days before the event. Please know that we will do everything we can to be a part of your event but our participation is dependent on our staffing and equipment resources.

Please print out and complete the following form. Please fax it to: (708)709-2038, Attn: Karen Yates or email it to Karen.Yates@franciscanalliance.org. Questions may be directed to Karen at (708)756-1000, ext. 51234

Today’s Date: ________________________________

Name of Organization sponsoring the event: ________________________________________________

Name of Event: _________________________________________________________________________

Date of Event: ___________________________ Time: ________________________________

Contact Person: __________________________ Contact Number: ____________________________

Email: ______________________________________________________________________________

Location of Event: _____________________________________________________________________

This event will take place: Indoors _____ Outdoors _____

We are providing tables/chairs to service providers _____ Providers must bring their own _____

Who is your audience: (Please circle)

Seniors       Families       Children       Women       Men       Other: _______________________

What types of services/resources are you interested in having Franciscan St. James provide:

Screenings    Educational Material    Speakers/Health Expert    Giveaways

Please provide more detail: __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please provide names of other participating companies/vendors: ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How many people do you anticipate will attend your event? ____________________
How are you promoting the event within the community:

Is this the first time you are sponsoring this event:  Yes _____  No _____

Once we have received your completed form, we will review it and contact you within 10 days.