



Date of Event: _____

Health Promotion Outreach Request Form

Instructions: Please complete the information below and email to healthnetoutreach@indyhealthnet.org or fax to 317-957-2050. HealthNet will contact you directly to discuss our availability to participate in your event.

Event Details

Event name:	
Location:	
Address:	
Event Times:	
Target Audience/Age Group:	
Expected # of Attendees:	
Contact Name:	
Contact Phone/Email:	

Site Accommodations

Will a table and chairs be supplied?	
If the event is outdoor, will there be shade/water available?	
What time can vendors set up?	
Details for Vendor Parking: (Mobile Unit)	

****NEW: Mobile Unit** (Upon Request)

In order to get the mobile unit to any event we would need access to pull a 32ft mobile unit in/out with at least 5 parking spaces to park.

Outreach Services (Please check 1 service below)

While we make the best effort to attend as many community events as we can, the high volume of requests may prevent us from attending all of them.

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure Screening and Information | <input type="checkbox"/> BMI | <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> HIV Testing |
| <input type="checkbox"/> Interactive Games | <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Children's Health | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Nutrition | | | |
| <input type="checkbox"/> Physical Fitness | | | |