



Thank you for contacting St. Mary's Good Samaritan Hospital and requesting our presence at your event. In order to ensure we effectively provide the services you are requesting, **please complete and return this form at least 4 weeks prior to your event to Beth Patrick, Director of Community Outreach and Administrative Services, via email at (epatrick@stmarysgoodsam.org) or fax at 706.453.2812.** Please contact Beth Patrick at 706.453.5187 or via email if you have any specific questions, issues or requests not addressed on this form.

Name of Group/Business/Association: _____

Name of Event: _____

Contact Person: _____ Phone #: _____

Email address: _____

Date of Event: _____ Location of Event: _____

Time of Event: _____ Ends: _____ Set-up time begins: _____

Number of expected participants/attendees: _____

Target audience (*circle/highlight all that apply*): Men Women Adults Children Older Adults

If a business event, please list your medical insurance provider(s): _____

Type of services/information requested (*circle or highlight service/information requests*):

ABI Screening (Peripheral Artery Disease)	Diabetes Awareness & Education	Medication Safety
Bike Helmet Safety Program	Event First Aid	Nutrition Information
Blood Glucose Screening	Fall Prevention Education	Posture Screening & Analysis
Blood Pressure Screening/Info	Fitness Assessments	Senior Health Information
Body Composition Screening	Functional Movement Screening	Sleep Disorders Screening
Breast Health Information	Health Coaching	Smoking Cessation Program
Breastfeeding Support	Healthy/Active Aging Information	Spine Health Information
Cardiovascular Disease Information	Joint Replacement Education	Sports/Workplace Injury Prevention and Treatment
Cholesterol Screening	Medication Safety	Stroke Prevention/Education

Do you charge for vendor booth(s) Yes No If yes, what is the fee? _____

Do you provide access to power? Yes No

Is there a charge for accessing power? Yes No If yes, what is the fee? _____

Do you provide tables/chairs? Yes No

Is free parking provided? Yes No If no, what is the cost? _____

Additional comments/requests/information: _____