



Thank you for contacting St. Mary's Health Care System and requesting our presence at your event. In order to ensure we are able to provide the services you are requesting, **please complete and return this form to Beth Patrick, Director of Community Outreach and Administrative Services via email (epatrick@stmarysgoodsam.org) at least 8 weeks prior to your event.** 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.

Today's Date: \_\_\_\_\_

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

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

Bike Helmet Safety Program	Fitness Assessments	Spine Health Information
Blood Pressure Screening/Info	Healthy/Active Aging Information	Sports/Workplace Injury Prevention and Treatment
Body Composition Screening	Joint Replacement Education	Stroke Prevention/Education
Breast Health Information	Lab Draws (please be specific in comments section)	
Breastfeeding Support	Medication Safety	
Cardiovascular Disease Information	Nutrition Information	
Diabetes Awareness & Education	Senior Health Information	
Event First Aid	Sleep Disorders Screening	
Fall Prevention Education	Smoking Cessation Program	

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:** \_\_\_\_\_