# Mobile Market Event Request Form

**Requestor/Organization:**

**Address:**

**Name of Event:**

**Location of Event:**

**Date & Time of Event:**

**Contact for Event (name, phone, e-mail):**

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**Note:** All Requests must be received 12 weeks in advance of event. Request will be responded to within 2 weeks after receipt.

<table>
<thead>
<tr>
<th>Target Audience:</th>
<th>Adults</th>
<th>Children</th>
<th>Families</th>
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</thead>
</table>

**Expected Number of Attendees:**

**Type of Event:**

- Health Fair

**Presentation/Speaker/Education Topic Requested:**

**Reoccurring Event:**

- No
- Yes: Monthly
- Bi- Monthly
- Annual

**Resource Request:**

**Mobile Market Bus**

**Service/ Services Being Requested:**

**Office Only:**

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<tr>
<th>Event:</th>
<th>Approved</th>
<th>Denied</th>
<th>Call Back to Organization:</th>
<th>Contact Person:</th>
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</table>

**Event Cost:**

**Screening(s):**

**Staffing Needs (specify):**

- Medical: _____
- Nursing: _____
- Ancillary/ Medical Staff: _____

**Office Only:**

- Literature □
- Pamphlets □
- Giveaways □
- PR Supplies (Banner; Table drape) □
- Display □

**Transport/ Courier services needed:**

- Yes □
- No □

**Medical/ Lab Supplies needed:**

- Yes □
- No □

**Booth Space/ Rental needed:**

- Yes □
- No □

**Additional Cost to TMC (i.e. food for staff/ participants/ parking):**

- Yes □
- No □

If yes, please specify: ________________________________

- Community: ________________________________
- Business/ Civic: ________________________________
- Sponsorship: ________________________________

**Return form to:**

Community Relations Department

Eskedar Ashenafi, Operations Coordinator

Eskedar.Ashanafi@tmcmed.org

Phone: (816) 404-3320 Fax: 816-404-2575

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