



Health Fair Request Form

The Harris Health System participates in numerous community health fairs throughout Harris County. By partnering with local organizations, we aspire to raise health awareness and promote access to healthcare in our community.

Please print, fill out, and submit this form at least **2 months** before your event date. We will acknowledge your request within one week of our receipt.

Our participation and services provided will be based on the availability of our staff and resources. We will contact you to confirm or decline our participation **no later than one month** before your event date.

****PLEASE TYPE OR PRINT CLEARLY****

Event Date:	
Event Start & End Time:	
Location Name:	
Address:	
Zip Code:	
Event name:	
Target Audience: (ages, languages, at-risk population, etc)	
Number of Expected Attendees:	
Services Requested: (Check all that apply) Please note screenings MUST be indoors.	<input type="checkbox"/> Cholesterol screenings <input type="checkbox"/> Blood pressure screenings <input type="checkbox"/> Health education <input type="checkbox"/> HCHD Financial Assistance Eligibility Information
Contact Person Name:	
Contact phone number(s):	
Contact e-mail:	
Additional information:	

If we cannot attend your event, we are able to provide information about Health Topics and Harris Health's services (Facilities, Financial Assistance information).

If we are not able to attend, would you like us to send you this information? YES NO

If YES, please indicate language requested: English Spanish Vietnamese Chinese

Please submit this form by fax (832-487-2081) or e-mail
healthfair@harrishealth.org

For questions, please contact the Harris HealthHealth Fair Coordinator at 713-566-6718