



Health Fair Request Form

Please complete the following and return this form to Nicole Barnes, Administrative Assistant, Guilford County Division of Public Health, 1203 Maple St., Greensboro, NC 27405 or via email at nbarnes@guilfordcountync.gov.

If you do not receive an acknowledgement of receipt of your request within two business days, please call 336-641-4690 to ensure we received your request.

Date of Health Fair: _____

Time of Health Fair: _____

Location/Address: _____ City: _____

Event Title/Sponsoring Agency: _____

Contact Person (first and last name) and Phone Number _____

Email: _____

Topic/Services Requested _____

Target Audience: _____

FOR STAFF USE ONLY:

Date Request Received: _____

Staff Member Receiving Request: _____

Staff Person(s) Participating: _____