



CHATTANOOGA-HAMILTON COUNTY HEALTH DEPARTMENT

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HEALTH FAIR BOOTH OR SPEAKER REQUEST (PLEASE FILL OUT FORM COMPLETELY AND RETURN VIA EMAIL OR FAX)

DATE OF REQUEST		EVENT DATE	
YOUR NAME		EVENT START/FINISH TIME	
ORGANIZATION		SET UP TIME/DATE	
CONTACT PHONE		EST. ATTENDANCE	
CONTACT EMAIL		ADDRESS OF EVENT	

BRIEF EVENT DESCRIPTION*	
YOUR AUDIENCE	<input type="checkbox"/> Parents/children <input type="checkbox"/> Older adults <input type="checkbox"/> Teens <input type="checkbox"/> Employees
SERVICES REQUESTED (*PICK ONLY ONE)	<input type="checkbox"/> Booth with information/brochures <input type="checkbox"/> Information/brochures only (no staff) <input type="checkbox"/> Presentation speaker (e.g., PowerPoint)
WHAT WILL YOU PROVIDE	<input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Electrical outlets & extension cords <input type="checkbox"/> Meal/Snacks
TOPICS REQUESTED	<p>*Follow links for program descriptions.</p> <input type="checkbox"/> Emergency Preparedness information <input type="checkbox"/> Community Outreach (TN Medicaid program formerly TENnderCare; birth to 21 yrs) <input type="checkbox"/> HB/PAFT - Healthier Beginnings/Parents are First Teachers (parenting skills, early childhood development and school readiness; prenatal to age 5 yrs) <input type="checkbox"/> HUGS/CSS - Helping Us Grow Successfully (home-based prevention pre-natal to age 5 yrs); Children's Special Services (special needs children birth-21 yrs) <input type="checkbox"/> WIC (Women, Infants, Children program info, child nutrition, breastfeeding support) <input type="checkbox"/> Family Planning (pre-conceptual counseling) and Birth Control <input type="checkbox"/> SIDS/Infant mortality prevention/Safe Sleeping for Babies <input type="checkbox"/> Lead Poisoning Prevention (education only, not actual testing) <input type="checkbox"/> Breast & Cervical Cancer Screening (education only, not actual testing) <input type="checkbox"/> Immunization education (children, adolescent, & adult, and overseas travel) <input type="checkbox"/> STD/HIV information (education only, not actual testing) <input type="checkbox"/> Tobacco education & prevention resources <input type="checkbox"/> Step ONE (Optimize with Nutrition & Exercise; healthy eating, active living) <input type="checkbox"/> Chronic Disease Prevention (heart disease, diabetes, self-management classes, etc.) <input type="checkbox"/> Highway Safety [check box(es) to narrow topics] <input type="checkbox"/> Seat belt use <input type="checkbox"/> Texting/distracted driving <input type="checkbox"/> Drinking and driving <input type="checkbox"/> Bicycle/pedestrian safety <input type="checkbox"/> Injury Prevention [check box(es) to narrow topics] <input type="checkbox"/> Fall prevention for older adults <input type="checkbox"/> Older adult home safety <input type="checkbox"/> Car seat safety (English) <input type="checkbox"/> Car seat safety (Spanish) <input type="checkbox"/> Personal Safety [check box(es) to narrow topics] <input type="checkbox"/> Bullying/school violence <input type="checkbox"/> Rape prevention <input type="checkbox"/> Domestic/dating violence
PLEASE NOTE -->>>>	Our educators have time limits and may not be able to stay the entire time of your event. They will work out those details during the planning.
ON SITE CONTACT AND PHONE (If different than above)	
HOW MANY OTHER VENDORS WILL BE PARTICIPATING?	
HOW DID YOU HEAR ABOUT US?	
HAS HEALTH DEPT PARTICIPATED IN THE PAST? WHEN?	
HOW MUCH WILL IT COST THE HEALTH DEPT TO PARTICIPATE?	

*If you need special assistance in filling out this form, please call the number above.