



# CHATTANOOGA-HAMILTON COUNTY HEALTH DEPARTMENT

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

TOM BODKIN, PUBLIC INFORMATION OFFICER  
 921 E. 3<sup>RD</sup> ST, CHATTANOOGA, TN 37403  
 PHONE 423-209-8238  
 FAX 423-209-8089  
 TOMB@HAMILTONTN.GOV

|                 |  |                         |  |
|-----------------|--|-------------------------|--|
| 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<br>(*PICK ONLY ONE)                     | <input type="checkbox"/> Booth with information/brochures <input type="checkbox"/> Information/brochures <b>only</b> (no staff)<br><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"/> <a href="#">Emergency Preparedness</a> information<br><input type="checkbox"/> <a href="#">Community Outreach</a> (TN Medicaid program formerly TENnderCare; birth to 21 yrs)<br><input type="checkbox"/> <a href="#">HB/PAFT</a> - Healthier Beginnings/Parents are First Teachers (parenting skills, early childhood development and school readiness; prenatal to age 5 yrs)<br><input type="checkbox"/> <a href="#">HUGS/CSS - Helping Us Grow Successfully</a> (home-based prevention pre-natal to age 5 yrs); <a href="#">Children's Special Services</a> (special needs children birth-21 yrs)<br><input type="checkbox"/> <a href="#">WIC</a> (Women, Infants, Children program info, child nutrition, breastfeeding support)<br><input type="checkbox"/> <a href="#">Family Planning and Birth Control</a> (pre-conceptual counseling)<br><input type="checkbox"/> <a href="#">SIDS/Infant mortality prevention/Safe Sleeping for Babies</a><br><input type="checkbox"/> <a href="#">Lead Poisoning Prevention</a> (education only, not actual testing)<br><input type="checkbox"/> <a href="#">Breast &amp; Cervical Cancer Screening</a> (education only, not actual testing)<br><input type="checkbox"/> <a href="#">Immunization education</a> (children, adolescent, & adult, and overseas travel)<br><input type="checkbox"/> <a href="#">STD/HIV information</a> (education only, not actual testing)<br><input type="checkbox"/> <a href="#">Tobacco</a> education & prevention resources<br><input type="checkbox"/> <a href="#">Step ONE</a> (Optimize with Nutrition & Exercise; healthy eating, active living)<br><input type="checkbox"/> <a href="#">Chronic Disease Prevention</a> (heart disease, diabetes, self-management classes, etc.)<br><input type="checkbox"/> <a href="#">Highway Safety</a> [check box(es) to narrow your topic]<br><input type="checkbox"/> Seat belt use <input type="checkbox"/> Texting/distracted driving<br><input type="checkbox"/> Drinking and driving <input type="checkbox"/> Bicycle/pedestrian safety<br><input type="checkbox"/> <a href="#">Car seat safety</a> (English) <input type="checkbox"/> <a href="#">Car seat safety</a> (Spanish)<br><input type="checkbox"/> <a href="#">Personal Safety</a> [check box(es) to narrow your topic]<br><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/DAY-OF CONTACT AND PHONE (If different than above) |   |
| HOW MANY TIMES HAVE YOU HELD THIS EVENT?                   |   |
| 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.