



A Member of Trinity Health

Thank you for contacting St. Mary's Health Care System and requesting our presence at your event. In order to ensure we are able to provide the services you are requesting, **please complete and return this form to Courtney Vickery, Director, Corporate Health Services, via email (cvickery@stmarysathens.org) or fax (706-389-2951) at least 8 weeks prior to your event.** Please contact Courtney Vickery at (706) 389-3359 or via email if you have any specific questions, issues or requests not addressed on this form.

Today's Date: _____

Name of Group/Business/Association: _____

Name of Event: _____

Contact Person: _____ Phone #: _____

Email address: _____

Date of Event: _____ Location of Event: _____

Time of Event: _____ Ends: _____ Set-up time begins: _____

Number of expected participants/attendees: _____

Target audience (*circle/highlight all that apply*): Men Women Adults Children Older Adults

Type of services/information requested (*circle or highlight service/information requests*):

Bike Helmet Safety Program	Fitness Assessments	Spine Health Information
Blood Pressure Screening/Info	Healthy/Active Aging Information	Sports/Workplace Injury Prevention and Treatment
Body Composition Screening	Joint Replacement Education	Stroke Prevention/Education
Breast Health Information	Lab Draws (please be specific in comments section)	
Breastfeeding Support	Medication Safety	
Cardiovascular Disease Information	Nutrition Information	
Diabetes Awareness & Education	Senior Health Information	
Event First Aid	Sleep Disorders Screening	
Fall Prevention Education	Smoking Cessation Program	

Do you charge for vendor booth(s) Yes No If yes, what is the fee? _____

Do you provide access to power? Yes No

Is there a charge for accessing power? Yes No If yes, what is the fee? _____

Do you provide tables/chairs? Yes No

Is free parking provided? Yes No If no, what is the cost? _____

Additional comments/requests/information: _____