



Choose one or more:

- Speaker/Lecture
- Screening
- Table/Info Desk

## Request Form

Thank you for inviting The Brooklyn Hospital Center (TBHC) to your health event. TBHC supports and applauds your efforts, which are *Keeping Brooklyn Healthy* through education, health screenings and resources. **Please keep in mind that requests must be made at least 6 to 8 weeks in advance.**

Agency/Organization Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address/location of event (street & zip code): \_\_\_\_\_

Major cross streets: \_\_\_\_\_ Parking info: \_\_\_\_\_

Contact person at event: \_\_\_\_\_ Contact person's cell phone: \_\_\_\_\_

No. of people expected: \_\_\_\_\_ Age group: \_\_\_\_\_

Event date/time: \_\_\_\_\_

Items provided: \_\_\_\_\_ Table(s) \_\_\_\_\_ Chair(s) \_\_\_\_\_ Projector \_\_\_\_\_ Other: \_\_\_\_\_

Request for blood pressure screening