



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.**

(BOTH DATE AND TIME ARE REQUIRED) Event date/time: _____

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: _____

MUST PROVIDE: Table(s): _____ Chair(s): _____ Other: _____

Request for blood pressure screening