



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: _____

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: _____

In addition to blood pressure screening, we may provide the following screenings (upon availability). Please request screenings that interest you:

- | | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dental | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Foot | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Glucose | |