Employee Health Fair Vendor Needs-Assessment Form

1.	Name of organization:
2.	Name of representatives:
3.	Topic of information to be displayed:
1	Will you be offering a screening: yesno
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	If yes, what type of screening?
5.	Description of space requirements:
6	Special equipment needed (electrical outlets, etc.):
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7.	Plans for giveaways, door prizes, etc.:

