

Harmonious Concepts
♪♪ MUSIC THERAPY ♪♪

Health Fair Program/Booth Request Form

All requests must be received 30 days prior to event date.

Today's Date: _____

Requesting Organization: _____

Contact Person: _____

Telephone Number: (____) _____ - _____ Email Address: _____

Event Title/Theme _____

Event Date: _____ Set Up Time: _____ Health Fair Time: _____

RSVP Date: _____ Expected Number to Attend Health Fair: _____

Name of Event: _____ Location/Building _____

Physical Address (with zip code): _____

Meals Provided Y/N ___ Breakfast ___ Lunch ___ Snacks

Target Audience:

___ General Public

___ Health Professionals

___ Senior Groups

___ Corporate Setting

___ Public School

___ Parents/ Caregivers

___ College and University

___ Other:

Please briefly describe your target audience.

Please return email to: ndoty@harmoniousconceptstx.org

You will be notified of confirmation receipt within 7 business days of receiving the request.