

Baldwin Park Medical Center Event Participation Form

Requests must be submitted a minimum of 45 days in advance.

Name of Organization:				
Address:				
			Zip Code:	
Contact Person:				
Title:		Email: _		
Phone:		Fax:		
Date Request Submitted:				
		Event Details		
Type of Event: please che	eck all that a	pply		
☐ Health Fair ☐ Ca	areer Fair	☐ Speaker Request	Other	
Name of Event:				
Event Date:		Start Time:	End Time:	
Contact (Day of Event):		F	Phone:	
Event Location:				
		City:		Zip:
Exact Location of Present	ation (i.e. ro	om number):		
Special Parking Instruction	ns:			
Expected # of attendees:				
Target Audience:				
Are you requesting a KP-s	staffed booth	ነ?		
☐ Yes	☐ No			
Set-Up Time:		Deadline to confirm p	articipation:	
Items to be provided – ple Tables Chairs Canopy	ase check c	☐ Electrical	Outlet	

Will meals and beverages be provided to volunteers? Yes No				
If Yes, please specify what meals will be provided:				
☐ Breakfast ☐ Lunch ☐ Dinner				
If No , will there be vendors to purchase food from? \square Yes \square No				
Speaker Request				
<u>- 1 </u>				
Topic to be discussed (i.e. women's health, blood pressure, career info, etc.)				
Length of Presentation (i.e. 30 minutes with a 15-minute Q&A):				
Will Audio/Visual be available if needed?				
☐ Yes ☐ No				
Additional Information/Comments				

Submission does not guarantee approval. We will make every effort to fulfill your request, and you will be notified within 2 weeks. Thank you!