

Riverside Service Area

Event Participation Request Form

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

Name of Organization:		
Address:		
ity: Zip Code:		e:
Contact Person:		
Title:	Email:	
Phone:	Fax:	
Date Request Submitted:		
	Event Details	
Type of Event: please check all that ap	pply	
☐ Health Fair ☐ Career Fair	☐ Speaker Request	Other
Name of Event:		
Event Date:	Start Time:	End Time:
Contact (Day of Event):	P	hone:
Event Location:		
Address:	City:	Zip:
Exact Location of Presentation (i.e. roo	om number):	
Special Parking Instructions:		
Expected # of attendees:		
Target Audience:		
Are you requesting a KP-staffed booth	?	
☐ Yes ☐ No		
Set-Up Time:	Deadline to confirm pa	articipation:
Items to be provided by the organization Tables Chairs Canopy	☐ Electrical (

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?
Speaker Request
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!