



MADD

Activism | Victim Services | Education

HEALTH FAIR BOOTH REQUEST FORM

Please send the completed request form via fax 651-523-0817

or email to Brenda Reuter, brenda.reuter@madd.org

TODAY'S DATE: _____

NAME: _____

AFFILIATION: _____

CONTACT PHONE: _____

E-MAIL: _____

I hereby request a MADD MN booth for the following Health Fair event:

EVENT: _____

DATE: _____ TIME: _____

LOCATION OF EVENT: _____

NUMBER OF EXPECTED ATTENDEES: _____

SPECIAL INSTRUCTIONS: _____

PURPOSE OF EVENT: _____

COMMENTS:

SIGNATURE: _____ DATE: _____

PLEASE FAX TO 651-523-0817. REQUEST MUST BE RECEIVED 3 weeks PRIOR TO EVENT.