



Mobile Market Event Request Form

Requestor/Organization:
Address:
Name of Event:
Location of Event:
Date & Time of Event:
Contact for Event (name, phone, e-mail):

Note: All Requests must be received 12 weeks in advance of event. Request will be responded to within 2 weeks after receipt.

Target Audience: Adults Children Families
Expected Number of Attendees: _____
Type of Event: Health Fair Presentation/Speaker/Education
Reoccurring Event: No Yes: Monthly Bi- Monthly Annual
Topic Requested: _____

Resource Request: **Mobile Market Bus**

Service/ Services Being Requested:

****Are funds available to offset costs of services provided?** Yes No
****Will TMC be the only hospital at this event?** Yes No

Office Only:

Event: Approved Denied Call Back to Organization: _____ Contact Person: _____
Event Cost: _____
Screening(s) _____
Staffing Needs (specify): _____
Medical: _____ Nursing: _____ Ancillary/ Medical Staff: _____

Office Only:

Literature Pamphlets Giveaways PR Supplies (Banner; Table drape) Display
Transport/ Courier services needed: Yes No Medical/ Lab Supplies needed: Yes No
Booth Space/ Rental needed: Yes No
Additional Cost to TMC (i.e. food for staff/ participants/ parking): Yes No
If yes, please specify: _____
Community: _____ Business/ Civic: _____ Sponsorship: _____

**Return form to:

Community Relations Department
Eskedar Ashenafi, Operations Coordinator
Eskedar.Ashenafi@tmcmed.org
Phone: (816) 404-3320 Fax: 816-404-2575

