



Request for Health Screening Programs

Please complete this form and FAX to 610-954-3242.

Today's Date: _____

Name of Event: _____

Location: _____

Event Date: _____

Event Time: _____ to _____

On Site Contact Person: _____

Ages ranging from: _____ to _____

Approximate Number of Employees: _____

Please list the services you are requesting:

Company will provide:

_____ Tent	_____ 6' X 8' Table
_____ Chairs	_____ Electricity
_____ Parking Passes	_____ Slide Projector and Screen
_____ Signs/Banner (St. Luke's will provide)	