

Employee Health Fair Vendor Needs-Assessment Form

1. Name of organization: _____

2. Name of representatives: _____

3. Topic of information to be displayed: _____

4. Will you be offering a screening: _____ yes _____ no
If yes, what type of screening? _____

5. Description of space requirements: _____

6. Special equipment needed (electrical outlets, etc.): _____

7. Plans for giveaways, door prizes, etc.: _____

