



Health/Benefits Fair Request Form

Date: _____

Name of Company: _____ Department: _____

Requestor's Name: _____ Title: _____

Requestor's Contact Info: Office: _____ Email: _____

Contact Person (at the event location): _____ Title: _____

Contact Info: Office: _____ Cell: _____ Email: _____

Date(s) of Meeting/Event: _____ Start & End Time: _____

Address of Event: _____

Number of employees expected to attend (each session): _____

Other: Please specify whether you have a theme or whether you would like materials and handouts on a particular topic.

**Please send this form to Human Development Company via email
info@humandev.com or fax 502-589-5545.**