

United Concordia Request for Health Fair Attendance and Literature

Section A - Agency Information		
Agency Name	Requester's Name	
Telephone Number	Email address of Contact Person	
Agency Address		
City	State	Zip Code

Section B - Request for Health Fair Attendance		
Contact Name	Contact Telephone Number	
Date of Health Fair	Time of Health Fair	
Location of Health Fair		
Address		
City	State	Zip Code
Special Instructions (security clearance required, cell phone use permitted, etc.)		
Number of attendees	Quantity of materials requested	
Pre-shipment of material permitted?	Date required	

Section C - Request for Literature Only		
Date of Health Fair	Quantity of materials requested	Date required

Section D - Shipping Information		
Shipping Contact Name	Shipping Contact Telephone Number	
Address		
City	State	Zip Code
Special Shipping Instructions		

Please email this form to ucfedvip@ucci.com. Thank you.