

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 print and fax this form to the attention of Donna Denby at 888-423-4289 or email to donna.denby@ucci.com. Thank you.