

# CLIENT HEALTH FAIR FORM

*Here's the info you need to collect for your client's health fair: You can also enter this information on [healthfairconnections.com](https://healthfairconnections.com) by logging into your account and creating a health fair.*

## CLIENT'S INFO

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Venue address:

Company name:

Employee number:

Group Point of Contact:

Group Website:

## CLIENT'S EVENT DETAILS

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Event date:

Start time:

End time:

Total spaces:

## CLIENT'S INSURANCE INFO

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Medical:

Dental:

Vision: