

Health Benefits

EVENT REQUEST FORM

Complete the questionnaire and ASCIP's Health Benefits Department
will assist in coordinating your next event.
(At least 1 month notice is appreciated.)

SCHOOL DISTRICT						
	LOCATION 1 ___Indoor ___Outdoor	LOCATION 2 ___Indoor ___Outdoor	LOCATION 3 ___Indoor ___Outdoor			
EVENT PLACE ADDRESS CITY, ST, ZIP						
EVENT DATE(s)						
EVENT TIME	Set up : Start:	End:	Set up : Start:	End:	Set up : Start:	End:
APPROXIMATE # OF ATTENDEES						
DESCRIPTION OF EVENT	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___			
WHO IS THE EVENT FOR?	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____			
EVENT COORDINATOR					PHONE	

PLEASE SELECT ASCIP SERVICE PROVIDER THAT APPLIES	SUPPLIES
Would you like the vendors to donate a raffle prize? <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you need any supplies? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, list the type of supplies and the quantities you will need below.)
_____ _____ _____ _____ _____ <input type="checkbox"/> Body Mass Index	

Send your completed questionnaire to Yvette Avila at ASCIP by FAX (562) 404-8396 or by email: avila@ascip.org. We look forward to assisting you plan a successful event.



Alliance of Schools for Cooperative Insurance Programs

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