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.)

CLEAR FORM

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? __NO __YES	Do you need any supplies? ___NO ___YES (If YES, list the type of supplies and the quantities you will need below.)
___ ___ ___ ___ ___ ___ ___ ___ ___ ___Blood Pressure ____Cholesterol ____Glucose ____Chair Massage	

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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