



Asthma and Allergy
Foundation of America®

MARYLAND, GREATER DC CHAPTER

Health Fair Request Form

Organization Information	
Name of Organization:	
Address of Organization:	
Contact Person:	
Work Phone:	Fax Number:
Cell Phone:	Email:

Event Information	
Name of Event:	
Address of Event:	
Date of Event:	
Start/End Time:	Set-up Time:
Purpose of Event:	
Areas of Interest: <input type="checkbox"/> Asthma <input type="checkbox"/> Airborne Allergies <input type="checkbox"/> Food Allergies	

Audience Demographics	
Number Anticipated:	Age Range of Attendee:
Description of Audience:	
Other information that will help in preparing for this event:	

We cannot guarantee that we will be able to attend your event, although we will make every effort to accommodate you. If we are unable to attend, we have a variety of informational materials available for free and for purchase. You can access these materials by visiting our website (www.aafa-md.org) and clicking on "Resources" on the navigation bar. The home page has a link to asthma disparities information for healthcare providers. Thank you.

Please return to:
Fax: 410-484-2043
AAFA, MD-Greater DC Chapter
17 Warren Rd., Ste 13-A
Baltimore, MD 21208
Phone: 410-484-2054 | Email: info@aafa-md.org