![WellAdvantage logo — The Well Workplace, LLC™]

Event Request Form

Instructions

- *Please Submit One **Event Request Form** for each Event Type for Single or Multiple Locations (up to 3 locations per form).*

- *For Additional Dates / Times / Locations for Same Event Type – Please Submit Additional Event Request Forms or Contact your WellAdvantage Representative.*

- *Submit completed Event Request Form via email: WAEventRequests@WellAdvantage.com or fax to 410-795-7579. A confirmation email will be sent upon receipt of form.*

Event Request Contact Information

Today's Date (mm/dd/yyyy) _____

Event Request Group Name   **United Healthcare**

Event Request Contact Name   **Vickie Rinehart**   Title:_____

Event Request Contact Email   **vrinehart@uhc.com**

Event Request Contact Phone(s)   **301-360-8964**

Event Request Contact Address   Address 1: _____

Address 2: _____

City:_____ State:_____ Zip:_____

Client Detail

Client Company Name   _____

Expected Number of Participants: _____

Special Instructions/Requests: _____

Event Type

Event Type (Check all that apply):

☐ Health Education Table(s)   Quantity _____

    Subject(s): _____

☐ Seminar / Lunch & Learn(s)   Quantity _____

    Subject(s): _____

☐ Health Fair   # of Booths _____

    Subject(s): _____

☐ Cooking Demo   Sample Request _____ Quantity _____

☐ UV Light Mirror

☐ Seated Massage/Reflexology: Specify # of Massage Therapists _____

☐ Fitness Class Session: _____ # Classes _____ Frequency _____

☐ Mini-Screenings: Stand Alone   ☐ Mini-Screenings: Add to Health Ed Table or Booth
    (Specify Screening Selections Below.)

Mini-Screening Selections   *(Fingerstick option only)*

☐ Blood Pressure   ☐ Glucose   ☐ Cholesterol   ☐ A1C   ☐ Cotinine

☐ BMI

Special Instructions / Requests: _____

_____

_____

_____

2

Event Date / Time / Location / Topic

Event #1 - Date / Time / Location / Topic

Event #1 Topic

_____

Note: Specify Topic from Event Type Above if Applicable.

Event #1 Date

_____

Note: If Fitness Class Session with Multiple Classes, List Date of First Class.

Event #1 Duration

_____

Note: Seminars, Fitness Classes & Cooking Demo up to 1 Hour each. All others minimum of 2 hours

Event #1 Start Time

_____

Note: WA Staff require access to Location for Approximately 1 Hour Prior to Event for Set-Up.

Event #1 Location Address   Address Line 1: _____

Address Line 2: _____

City: _____ State:_____ Zip:_____

Event #1 Location Contact Name _____Title:_____

Event #1 Location Contact Email _____

Event #1 Location Contact Phone _____

Special Instructions / Requests: _____

Note: Please include specifics such as parking, building access, special security, etc. if applicable.

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Event #2 - Date / Time / Location / Topic

Event #2 Topic _____

Note: Specify Topic from Event Type if Applicable.

Event #2 Date _____

Note: If Fitness Class Session with Multiple Classes, List Date of First Class.

Event #2 Duration _____

Note: Seminars, Fitness Classes & Cooking Demo up to 1 Hour each. All others minimum of 2 hours

Event #2 Start Time _____

Note: WA Staff require access to Location for Approximately 1 Hour Prior to Event for Set-Up.

Event #2 Location Address   Address Line 1: _____

                   Address Line 2: _____

                   City: _____ State: _____ Zip: _____

Event #2 Location Contact Name _____ Title: _____

Event #2 Location Contact Email _____

Event #2 Location Contact Phone _____

Special Instructions / Requests: _____

Note: Please include specifics such as parking, building access, special security, etc. if applicable.

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Event #3 - Date / Time / Location / Topic

Event #3 Topic _____

Note: Specify Topic from Event Type if Applicable.

Event #3 Date _____

Note: If Fitness Class Session with Multiple Classes, List Date of First Class.

Event #3 Duration _____

Note: Seminars, Fitness Classes & Cooking Demo up to 1 Hour each. All others minimum of 2 hours

Event #3 Start Time _____

Note: WA Staff require access to Location for Approximately 1 Hour Prior to Event for Set-Up.

Event #3 Location Address   Address Line 1: _____

       Address Line 2: _____

       City: _____ State:_____ Zip:_____

Event #3 Location Contact Name _____Title:_____

Event #3 Location Contact Email _____

Event #3 Location Contact Phone _____

Special Instructions / Requests: _____

Note: Please include specifics such as parking, building access, special security, etc. if applicable.

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