



Asthma and Allergy
Foundation of America®

MARYLAND, GREATER DC CHAPTER

Health Fair Request Form

Organization Information	
Name of Organization:	
Address of Organization:	
Contact Person:	
Phone Number:	Fax Number:

Event Information	
Name of Event:	
Address of Event: Indoors? Outdoors?	
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 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. Please check the box below if you are interested in a list of our materials:

Yes, I am interested in receiving a list of AAFA brochures and other materials

Please return to:

Fax: 410-484-2043

AAFA, MD-Greater DC Chapter
1498 Reisterstown Road, Suite 324
Baltimore, MD 21208

Phone: 410-484-2054; FAX 410-484-2043; Email: info@aafa-md.org; www.aafa-md.org