



Asthma and Allergy
Foundation of America®

MARYLAND, GREATER DC CHAPTER

Health Fair Request Form

Organization Information	
Name of Organization:	
Address of Organization:	
Contact Person:	TYPE OF ORG:
Phone Number:	Fax Number:

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 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 receiving a list of our materials:

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

Please FAX to: 410-484-2043

Or Mail to:

AAFA, MD-Greater DC Chapter

6609 Reisterstown Rd., Ste 204 | Baltimore, MD 21215

Phone: 410-484-2054 | Email: aafamd@rcn.com