UNIVERSITY OF CHICAGO LABORATORY SCHOOLS
HEALTH FAIR PARTICIPANT RESPONSE FORM

Thank you for agreeing to participate in our Health Fair on Thursday March 9, 2017 at the historic campus of the University of Chicago Laboratory Schools, Kovler Gym, 5823 Kenwood.

Please return the completed form to:
Diane Taylor, University of Chicago Laboratory Schools, 1362 E. 59th St., Chicago, Illinois, 60637

Organization/Participant Name:
E-mail:
Address:
Daytime phone: Evening Phone:

Service and information to be provided: (please include a detailed description of the services you will provide)

Please list any equipment, audio-visual, or special requirements you may have (do you need a table?, open space for small group activity? Access to an outlet?)

Contact us if you have any questions, or if you will be unable to attend.
Thank you for your participation
Diane Taylor
dtaylor@ucls.uchicago.edu