

Vendor Needs Assessment Form

Thank you for volunteering to participate at our Health Fair.

Organization or Company Name	
Names of people attending the fair	
Contact phone number	
Email address	

Equipment Requirements (check those needed and state quantity)

- ☐ Table(s):
- ☐ Chair(s):
- ☐ Electrical outlet(s):
- ☐ Internet access
- ☐ Garbage cans:
- ☐ Other (please explain):

Volunteers needed?

- ☐ Yes
- ☐ No