

# ***WIBO Alliance Fall Class of 2011***

## **Health Fair Participant Response Form**

Thank you for agreeing to participate in the *WIBO Alliance Fall Class of 2011* Health Fair. Please email the completed form to *John Devone*, Health Fair Chairman, no later than *December 31, 2011*.

\_\_\_\_\_ **Yes**, I will participate in the *WIBO Alliance Fall Class of 2011* Health Fair on January 7, 2012 from 11am to 6pm at the Blessed Sacrament Parish, located at 275 Union Avenue, Bridgeport, CT.

Organization/Participant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Service and information to be provided: Please include a detailed description of the services you will provide.

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Please list any equipment, audio-visual, space or special requirements you may have.

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\_\_\_\_\_ **No**, I will be unable to participate in the *WIBO Alliance Fall Class of 2011* Health Fair, but I would be interested in providing health-related materials. Please list materials which will be provided.

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