CHARLOTTE EYE EAR NOSE & THROAT ASSOCIATES, P.A.

Please submit completed form and any necessary information to Kayley Pohlman at **kpohlman@ceenta.com or 704.295.3445.**

Health/Wellness/Vendor Fairs Participation Evaluation Form

Name of Event: _____

Contact Person:

Name: _____ Phone: _____

E-mail: _____

Event Information:

Date of event: _____ Time of event: _____

Set up time: _____ # of expected attendees: _____

If a company event, what insurance carrier do you have?__ _____

Facility of event: _____

Address of event: _____

City: _____ State: _____ Zip code: _____

Cost of event if any? _____

# of vendors: _____ Other healthcare vendors: _____

First time event: ☐ Yes ☐ No

Is the event located: ☐ Indoor ☐ Outdoor

Is a raffle item needed to participate: ☐ Yes ☐ No

Screenings requested: *(hearing screenings must have their own private room for noise reduction)*

☐ Vision ☐ Hearing

CEENTA office that would benefit: _____

Items provided:

Table	☐ Provided	☐ Not provided
Chairs	☐ Provided	☐ Not provided
Tent if outdoors	☐ Provided	☐ Not provided
Electricity	☐ Yes	☐ No