PTA
everychild. onevoice.

SERVICE PROVIDER/SPEAKERS/PROGRAM PARTICIPANTS CHECK LIST

Name	Daytime telephone ( )
Organization/Agency/Specialty	
Scheduled time commitment	
Initial contact date	Email
Copy of letter attached ❒ Yes ❒ No	

❒ Response sheet received and copy attached

❒ Curriculum Vitae received

❒ Organization/agency evaluation form distributed to provider (at check-in time)

❒ Organization/agency evaluation form returned (at the end of the Health Fair)

❒ Thank you note sent

Equipment/supplies/space needed:

❒ _____

❒ _____

❒ _____

Notes _____

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