<table>
<thead>
<tr>
<th>Name</th>
<th>Daytime telephone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/Agency/Specialty</td>
<td></td>
</tr>
<tr>
<td>Scheduled time commitment</td>
<td></td>
</tr>
<tr>
<td>Initial contact date</td>
<td>Email</td>
</tr>
<tr>
<td>Copy of letter attached</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

- □ 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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