THE LAMBERT PROSTATE CANCER FOUNDATION

Health Fair and Educational Event Participation Request

Organizer and event details | Complete both pages

Invite the Foundation to participate in a health fair, community outreach event, or educational program. Submit as early as possible. Requests are reviewed for mission fit, scheduling, and available resources; participation is confirmed only in writing.

1 Hosting organization and contact

Hosting organization

Primary contact name

Email address

Phone / event-day phone

2 Event details

Event name

Requested date

Start time and time zone

End time and time zone

Alternate date, if available

Expected attendance

Response needed by

Event format ○ In person ○ Virtual ○ Hybrid

Venue and full address, or virtual platform (no passwords)

Intended audience and approximate age range

Admission fee, if any

3 Requested Foundation participation | Select all that apply

- ☐ Information or resource table
- ☐ Panel discussion or moderated Q&A
- ☐ Community outreach
- ☐ Educational speaker or presentation
- ☐ Educational handouts or materials
- ☐ Other - describe below

Requested topic, purpose, or other activity

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Event Logistics and Organizer Agreement

Health fair and educational event participation request

Event name

Event date

4 Schedule and setup

Arrival or setup time

Departure time

Presentation length

Handouts requested

Equipment supplied by the host (select all that apply):

- ☐ Table
- ☐ Chairs
- ☐ Electrical outlet
- ☐ Wi-Fi
- ☐ Microphone
- ☐ Screen or projector
- ☐ Tent or weather shelter
- ☐ No equipment provided

Parking, access, indoor/outdoor setting, language needs, or alternate event-day contact

5 Fees and host requirements

Any exhibitor fee charged to the Foundation

Honorarium or expense support offered, if any

Registration deadlines, insurance requirements, recording plans, or weather/cancellation plan

Please attach an event flyer or agenda and any exhibitor rules, insurance requirements, or other documents the Foundation would need to review. Do not include attendee medical records or personal health information.

6 Organizer acknowledgment and signature

I am authorized to submit this request. I understand that submission does not confirm attendance, staffing, materials, funding, or payment of fees. Dates, activities, costs, and logistical responsibilities must be agreed in writing. I will obtain written permission before using the Foundation's name or logo in publicity, advertising its participation, or recording its presentation. This request covers education and outreach; clinical services or screenings require a separate arrangement with qualified providers. I will promptly communicate changes or cancellation.

Authorized organizer signature (type with consent below or sign by hand)

Date

☐ If typing my signature, I intend my typed name to serve as my electronic signature.

Return both pages to TheLambertPCF@gmail.com. Save your completed PDF before sending. Questions: 804-773-1567. The Foundation will contact the organizer to discuss the request.