

prevent.

educate.

empower.

The information requested below will be printed on promotion and marketing materials. Please ensure all details are accurate and clear.

CONTACT NAME: _____ PHONE: _____

FAX: _____ EMAIL: _____

LOCATION NAME: _____

ADDRESS(Room Name): _____

MAILING ADDRESS (if different): _____

REQUESTED DATE OF VISIT: _____

Monday Tuesday Wednesday Thursday Friday

REQUESTED TIME: 10:00 a.m. – 2:00 p.m. or 12:00 p.m. – 4:00 p.m.

If requesting different day/time please indicate: _____

The following items are required when hosting a screening. Please check all required items you can provide.

VOLUNTEERS: 10-12 Medically trained volunteers _____

5-6 Non-technical volunteers _____ 1 – 2 Translators _____ (if necessary)

ON-SITE: Can you provide the following?

Large Room _____ 10 Tables _____ 50 Chairs _____ Electrical outlets _____ Restrooms _____

Access to Restrooms _____ Private Room for Consultations _____

**Highly visible and easily accessible KidneyMobile® location _____

BLOOD DRAW: Are you interested in providing a blood draw? Y or N

1 phlebotomist _____ Blood Draw supplies _____



THANK YOU FOR YOUR REQUEST!

Requests should be planned 3-4 months in advance and allow 2 weeks for follow-up response.

For more information, contact **Nicole Sisen** at 312.321.1500 or nsisen@nkfi.org
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