

KIDNEYMOBILE[®]: On the Road to Healthier Living Request Form

Name: _____ Phone: _____

Fax: _____ Email: _____

Location Name: _____

Address: _____

Mailing Address (if different): _____

Desired date and time of visit: _____

Will this screening be in conjunction with a health fair or other screenings?
_____. Please describe _____

How many technical (medically trained) volunteers can you provide?
_____ Non-technical volunteers? _____

Can you provide a large room with tables and electrical outlets? _____

Can the KidneyMobile[®] park in a highly visible and easily accessible
location? _____ Please describe _____.

Number of people you expect to attend the event: _____

What are the demographics of your community?

What percentage of the participants do you expect to speak a language
other than English? Please specify: _____

Additional information about event: _____



National Kidney Foundation of Illinois, Inc.

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