

Health and Wellness Events



Client Enrollment Form

Please complete the form below.

* All fields are required.

1. Please list the name and address of your organization.

2. Please list the primary contact information for the person that the team will coordinate the event with.

3. Please list three preferred dates for your event(s).

4. Please select the services you would like provided during the event.

Flu Shot Covid Shot Biometrics and Vitals Venipuncture Blood Draw

Finger Stick Screening Random Drug Screens

Other

5. Please list the total number of expected participants for the event.