



Community Stroke Risk Screening Request

Name of of Event:			
Date of Event:		Time of Event:	
Address of Event:			
Estimated attendance:			
Focus of Event:			
Location of Event: ___ Indoors ___ Outdoors: Tent provided <input type="checkbox"/> Yes <input type="checkbox"/> No			
Set-up Time:			
Table provided?		Number provided:	
Chairs provided?		Number provided:	
Location of Parking:			
Contact Person Name:			
Phone:		Email:	
Comments:			

Please return completed forms to Lisa Bellamy by emailing lbell2@email.uky.edu.
For questions, please call **859-323-9737**.