

REAP (Renal Evaluation & Assessment Program) REQUEST

This is a request for the Mississippi Kidney Foundation to participate in our Health Fair to screen for Kidney Disease.

Name of your organization: _____

Location of the Health Fair: _____
please include the address and town

Date of the Health Fair: _____

Starting and Ending Times of Health Fair: _____

Contact Person: _____

Contact Email: _____

Contact Telephone: _____

How many people do you anticipate attending? _____

- *Please note that we cannot participate in every event that is requested.*
- ***We cannot participate in events that are outside because the weather can affect the test strips used in our screening.***
- *What other health screening vendors will be on-site for your Health Fair?*

- *Is this screening for employees only or open to the public?* _____

Your request will not be put on our schedule until it is approved by the Executive Director of the Mississippi Kidney Foundation. Requests should be submitted no more than 3 months prior to the date of your event.

Approved _____

Please submit your request to:

Mississippi Kidney Foundation
3000 Old Canton Road
Suite 110
Jackson, MS 39216
Fax: 601-981-3612
Email: gina@kidneyms.org