

Health Benefits

EVENT REQUEST FORM

Complete the questionnaire and ASCIP's Health Benefits Department
will assist in coordinating your next event.
(At least 1 month notice is appreciated.)

SCHOOL DISTRICT						
	LOCATION 1 <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		LOCATION 2 <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		LOCATION 3 <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
EVENT PLACE ADDRESS CITY, ST, ZIP						
EVENT DATE(s)						
EVENT TIME	Set up : Start:	End:	Set up: Start:	End:	Set up: Start:	End:
APPROXIMATE # OF ATTENDEES						
DESCRIPTION OF EVENT	<input type="checkbox"/> Health Fair <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other _____		<input type="checkbox"/> Health Fair <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other _____		<input type="checkbox"/> Health Fair <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other _____	
WHO IS THE EVENT FOR?	<input type="checkbox"/> Active Employees <input type="checkbox"/> Retirees <input type="checkbox"/> Other _____		<input type="checkbox"/> Active Employees <input type="checkbox"/> Retirees <input type="checkbox"/> Other _____		<input type="checkbox"/> Active Employees <input type="checkbox"/> Retirees <input type="checkbox"/> Other _____	
EVENT COORDINATOR				PHONE		

PLEASE SELECT ASCIP SERVICE PROVIDER THAT APPLIES	SUPPLIES
Would you like the vendors to donate a raffle prize? <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you need any supplies? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, list the type of supplies and the quantities you will need below.) _____ _____ _____ _____ _____ <input type="checkbox"/> Grip Strength <input type="checkbox"/> Foot Massage <input type="checkbox"/> Body Composition

Send your completed questionnaire to Yvette Avila at ASCIP by FAX (562) 404-8396 or by
email: avila@ascip.org. We look forward to assisting you plan a successful event.



Alliance of Schools for Cooperative Insurance Programs

16550 Bloomfield Avenue • Cerritos • CA • 90703 • ph. (562)404-8029 • www.ascip.org