

EMPLOYEE INFORMATION DAY/HEALTH FAIR PLANNING INFORMATION FORM

Congratulations on hosting an Employee Information Day or Health Fair. This planning form has been designed by the Employee Benefits Division (EBD) to assist you. Please contact EBD as early as possible as you plan your event.

Please complete the following and fax to the Communications Unit. Add an extra sheet if you need more room. *We will contact you as soon as possible to tell you whether we have approved the attendance of an Empire Plan representative.*

An Empire Plan representative must be approved to attend before Health Maintenance Organizations are authorized to attend.

Please wait to hear from us before you invite the HMOs. We will get back to you as quickly as possible.

Please call the Communications Unit (ph) 518-457-7577; (fax) 518-402-4697, if you have any questions. Good luck with your event!

Date Form Submitted	
Contact Name	
Title	
Agency Name	
Agency code	
Agency Address (<i>street address, room number</i>)	
Agency Address (<i>city, state and zip</i>)	
Phone	
Contact's E-Mail	
Fax	
Name of Event	
Location	
Event Date	
Hours of Event	
Date of Last Health Fair	

EMPLOYEE INFORMATION DAY/HEALTH FAIR PLANNING INFORMATION FORM

Congratulations on hosting an Employee Information Day or Health Fair. This planning form has been designed by the Employee Benefits Division (EBD) to assist you. Please contact EBD as early as possible as you plan your event.

Please complete the following and fax to the Communications Unit. Add an extra sheet if you need more room. *We will contact you as soon as possible to tell you whether we have approved the attendance of an Empire Plan representative.*

An Empire Plan representative must be approved to attend before Health Maintenance Organizations are authorized to attend.

Please wait to hear from us before you invite the HMOs. We will get back to you as quickly as possible.

Please call the Communications Unit (ph) 518-457-7577; (fax) 518-402-4697, if you have any questions. Good luck with your event!

Number of NYSHIP Enrollees	
Expected NYSHIP Attendance	
Other nearby agencies/facilities invited	
Additional Facility Instructions: (i.e., Photo ID required, no cell phones etc)	
<i>To receive the right amount of group specific materials, please answer the following:</i>	
Percentage (%) of enrollees in <i>EACH</i> union (i.e., CSEA, PEF, M/C, etc)	
Contact Name and <i>STREET ADDRESS</i> where materials can be sent in advance (if different than above)	

Please note: *Our policy does not permit us to pay to participate in or sponsor raffles. We would request that any fee be waived. Return any leftover materials to our printer. The cartons will have a Dodge Printing label enclosed.*