

## EXHIBIT REQUEST FORM



| EVENT INFORMATION   |  |  |   |  |                                 |
|---|--|--|---|--|---------------------------------|
| Mark type(s) of Exhibit:  | <input type="checkbox"/> Dr. Olvera's Talk | <input type="checkbox"/> Health Fair         | <input type="checkbox"/> Workshop   | <input type="checkbox"/> Cooking Demo/<br>Food Tasting | <input type="checkbox"/> Other: |
| Name of Event:  |  |  | Date of Event:  |  |                                 |
| Set-up Time for Event:  |  |  | Start Time of Event:  |  |                                 |
| Clean-up Time for Event:  |  |  | End Time of Event:  |  |                                 |
| Location & Address of Event:  |  |  |   |  |                                 |
| City:   |  | State:                                       |   | Zip:   |                                 |
| CONTACT INFORMATION   |  |  |   |  |                                 |
| Contact Name & Title:   |  |  | Organization:   |  |                                 |
| Office Phone Number:  |  | Ext.:  |   | Email:   |                                 |
| Cellphone Number:   |  |  |   |  |                                 |
| EVENT DETAILS   |  |  |   |  |                                 |
| What is the purpose/primary goal of the event? (e.g., to provide nutrition education, exercise program, etc.)   |  |  |   |  |                                 |
| Number of attendees expected:   |  |  | The event will be:  |  |                                 |
|   |  |  | <input type="checkbox"/> Indoor <span style="margin-left: 200px;"><input type="checkbox"/> Outdoor</span> |  |                                 |
| What materials/resources will the host provide for BOUNCE?  |  |  |   |  |                                 |
| <input type="checkbox"/> projector  |  | <input type="checkbox"/> laptop              |   | <input type="checkbox"/> internet                      |                                 |
| <input type="checkbox"/> podium   |  | <input type="checkbox"/> microphone          |   | <input type="checkbox"/> kitchen                       |                                 |
| <input type="checkbox"/> classroom  |  | <input type="checkbox"/> table               |   | <input type="checkbox"/> sink                          |                                 |
| <input type="checkbox"/> fridge   |  | Other:                                       |   |  |                                 |
| What materials/resources is BOUNCE expected to provide? (e.g., food, recipes, health-related handouts, etc.) Please explain:  |  |  |   |  |                                 |
| Predominant race/ethnic population of audience:   |  |  | Predominant age group of audience:  |  |                                 |
| <input type="checkbox"/> Hispanic or Latino   |  | <input type="checkbox"/> African American    |   | <input type="checkbox"/> Adults (18-64)                |                                 |
| <input type="checkbox"/> Asian  |  | <input type="checkbox"/> White               |   | <input type="checkbox"/> Children (2-11)               |                                 |
| Other:  |  | <input type="checkbox"/> Multi-ethnic/racial |   | <input type="checkbox"/> Adolescents (12-17)           |                                 |
| <input type="checkbox"/> Senior (65 and over)   |  | <input type="checkbox"/> Mixed age group     |   |  |                                 |
| Language primarily spoken by audience:  |  |  | Please provide details for parking:   |  |                                 |
| <input type="checkbox"/> English  |  | <input type="checkbox"/> Spanish             |   |  |                                 |
| <input type="checkbox"/> Vietnamese   |  | Other:                                       |   |  |                                 |
| Please tell us any additional information we should know about the event, if any:   |  |  |   |  |                                 |
| DONATIONS TO THE BOUNCE PROGRAMS  |  |  |   |  |                                 |
| <b>Donations to the BOUNCE programs are greatly appreciated. Please make your check to University of Houston and send it to University of Houston, Psychological, Health, and Learning Sciences Department, 3657 Cullen Blvd. Room 491, Houston TX 77204-5029. For more information on donations, please see the BOUNCE website for instructions at <a href="http://bounce.uh.edu/contact.cfm">http://bounce.uh.edu/contact.cfm</a></b> |  |  |   |  |                                 |

**\*\*PLEASE RETURN THIS FORM TO DR. NORMA OLVERA at: [NOlvera@central.uh.edu](mailto:NOlvera@central.uh.edu) or 832-842-5921\*\***  
**Note: We require three weeks' notice to guarantee the availability of staff for any event or program.**

| For Office Use Only |
|---------------------|
| Date Received:      |
| Approved:           |
| Staff Leader:       |