



National Kidney Foundation™
of HAWAII

National Kidney Foundation of Hawaii Programs Service Request Form

Please complete this form for all programs service requests & submit the form to the NKFH's Programs Department via fax (808-591-0786) or email (ann@kidneyhi.org).

Date: _____
Organization: _____ Contact Person: _____
Phone: _____ Email: _____
Event Name: _____ Event Date: _____
Event Time: _____ to _____ Audience: _____ # Attendees: _____
Notes: _____

Check desired service:

_____ Display Panels (requires minimum of 2 weeks prior notice)
_____ Kidney 101 Presentation (requires minimum of 3 weeks prior notice)

_____ General Screening (requires minimum of 2-3 weeks prior notice)
_____ KEDS (requires minimum of 6 weeks prior notice)
_____ KEEP (requires minimum of 8 weeks prior notice)

_____ Other _____

Note: Following request receipt and review, details will be discussed with the Contact Person prior to final approval.

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| Office Use Only: Request Approved: _____ Request Denied: _____ Notification Date: _____ |
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