

**The Philadelphia Center
Mobile Testing Unit Request Form**

Event Name: _____

Date of Event: ___ / ___ / ____

Sponsoring Agency: _____

Type of Event: _____

Address of Event Location: _____

Time MTU is requested: _____:_____AM/PM

Time Testing Would Begin: _____ : _____ AM / PM Time Testing Would End: _____ : _____ AM / PM

Name of Primary Contact: _____

Primary Contact Email: _____

Primary Contact Phone: (_____) _____ - _____

Primary Contact Alternate Phone: (_____) _____ - _____

Name of Secondary Contact: _____

Secondary Contact Email: _____

Secondary Contact Phone: (_____) _____ - _____

Secondary Contact Alternate Phone: (_____) _____ - _____

Anticipated Number in Attendance: _____

Age of Anticipated Attendees:

- Under 18
- 18-24
- 25-45
- 45-60
- 60+

Your Organization's Planned Promotion of Event:

- Television
- Radio
- Ad in Periodicals (Newspaper, weekly or bi-weekly publication, etc.)
- Email
- Fliers/Posters Distributed in the Community
- Online Social Media (i.e. Facebook, Twitter, etc.)
- Text Messages
- Other _____

Is Parking Available for the Mobile Testing Unit (30ft. long x 9ft. wide)? Yes No

Is a Street Parking Permit Needed? Yes No

Additional Information:
