# **Charity Health Fair Program Outline**

Date: [Insert Date]

Location: [Insert Location]

Time: [Insert Start Time] - [Insert End Time]

## **Program Schedule**

#### • 9:00 AM - Registration

Participants check in and receive welcome packets.

#### • 10:00 AM - Opening Ceremony

Welcome address by [Name], [Title/Position].

#### • 10:30 AM - Keynote Speaker

Presentation by [Speaker Name] on [Topic].

#### • 11:00 AM - Health Screenings

Free blood pressure, cholesterol, and glucose screenings.

#### • 12:00 PM - Lunch Break

Refreshments provided by [Sponsor Name].

#### • 1:00 PM - Workshops

Various health topics including nutrition, fitness, and wellness.

### • 3:00 PM - Raffle Drawing

Prizes will be drawn from participant tickets.

#### • 4:00 PM - Closing Remarks

Thank you message and future event information.

## **Contact Information**

If you have any questions, please contact:

[Your Name] [Your Position] [Organization Name] [Phone Number] [Email Address]