



Wichita Falls

Presentation Request

Contact Name: _____

Organization: _____

Phone Number: _____

E-mail Address: _____

Type or title of presentation requested: _____

Does the speaker(s) need specific credentials? If so, what kind? _____

Audience demographic: _____

Primary objective of presentation: _____

Target Date: _____ Time: _____

Time allowed of presentation: _____ How many attending? _____

Location: _____

What type of audio/visual equipment is available?

- checkbox computer checkbox projector checkbox screen checkbox speakers checkbox microphone

Is this a professional training in which CEUs are requested? checkbox Yes checkbox No

For Office Use Only:

Date request received: _____ Call/Email Confirmation: _____

Which presentation assigned? _____

Presenter names: _____

How many in attendance? _____

Notes: _____ In-kind donations made? _____

Please send your completed Presentation Request Form to jessica@namiwichitafalls.org . Please note: because we receive a large number of requests, we recommend you send in your request at least three weeks in advance. However, we do make every effort to fulfill each request we receive.