



**Request for Presentation**

**Submission Date:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Presentation Audience Type:

- Beneficiaries
- Family Members
- Service Providers/Professional Staff

Number of Expected Attendees: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To submit your request, fax completed Request for Presentation form to the **Resource Partnership at 508.647.9622**

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