Presentation Request Form

Date: ________________

Contact name: ____________________________ Phone: ________________________________

Contact email: ______________________________________________________________________

Name of Company/Group requesting presentation: ________________________________________

Address/Location for Presentation: ______________________________________________________

1. **Audience:**  __ Adult (18+)  __ Adolescent (13-17)  __ Children (12 and under)  __ Seniors (65+)
   __Mental Health Professionals  __Educators  __Family & Friends  __ Individuals with Mental Disorder
   Other (please specify): __________________________

2. **Expected number of attendees:** ______

3. **Topic requested:**  __ Depression and Bipolar  __ re:MIND Services  __ Suicide Prevention

4. **Duration:**  __ 30 min  __ 1 hour  __ 1.5 hour  __ Other: __________

5. **Preference for scheduling** (list 3 options including date and time):
   1. __________________________  2. __________________________  3. __________________________

6. **Audio/visual equipment available for use:**
   __ Projector  __ Laptop  __ Extension Cord  __ Screen  __ Speakers

7. **Reason for presentation:**  __ Continuing Education  __ Employee Health Education
   __ Community Resources  __ Other: __________________________

8. **Has re:MIND presented to your group before?**  __ YES  __ NO  If yes, when? __________

*Email completed form to info@remindsupport.org or fax to 713-600-1137. You will be contacted within 7-10 business days for scheduling if approved.*

**Internal Use Only:**

Staff completing form: ____________________________

Date received for screening: __________________________

Approved: Yes/ No. If no, reason: __________________________

Date/Time presentation scheduled: __________________________

Updated 6/2019