

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 (60+)
___ 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: _____