

PRESENTATION REQUEST FORM

Contact/Organizer Name & Title:			
Contact Phone:	Contact Email:		
Organization:	Organization Address:		
Alternative Contact Name & Title:			
Contact Phone:	Contact Email:		
PRESENTATION DETAILS			
Presentation Title:			
Presentation Date:			
<i>Please briefly describe the purpose of this presentation.</i>			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Presentation Time: <input type="checkbox"/> Set-Up Time: <input type="checkbox"/> Start Time: <input type="checkbox"/> End Time: <input type="checkbox"/> Breakdown Time: </td> <td style="width: 50%; vertical-align: top;"> Location (Address & Room No.): <input type="checkbox"/> <i>At the address listed above.</i> If not, Street No.: City, State: <input type="checkbox"/> Floor and/or Room No.: </td> </tr> </table>		Presentation Time: <input type="checkbox"/> Set-Up Time: <input type="checkbox"/> Start Time: <input type="checkbox"/> End Time: <input type="checkbox"/> Breakdown Time:	Location (Address & Room No.): <input type="checkbox"/> <i>At the address listed above.</i> If not, Street No.: City, State: <input type="checkbox"/> Floor and/or Room No.:
Presentation Time: <input type="checkbox"/> Set-Up Time: <input type="checkbox"/> Start Time: <input type="checkbox"/> End Time: <input type="checkbox"/> Breakdown Time:	Location (Address & Room No.): <input type="checkbox"/> <i>At the address listed above.</i> If not, Street No.: City, State: <input type="checkbox"/> Floor and/or Room No.:		
Is this presentation for an event? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • <i>If "YES," what is the title of this event?</i> 			
Is this presentation for an in-service training? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • <i>Other?</i> 			
Will this be a single presentation? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • <i>If "NO," will this be (a) presentation</i> <input type="checkbox"/> SERIES <i>(please refer to the "Format" section).</i> 			
Approximate No. of Participants: Are there any special language needs? <input type="checkbox"/> YES <input type="checkbox"/> NO <ul style="list-style-type: none"> • <i>If "YES," what are they?</i> 			
Presentation Audience: <input type="checkbox"/> Professional (Please describe): <input type="checkbox"/> Community (Please describe):			

PRESENTATION FORMAT

Series Presentation:

- **If different, series date(s) & presentation title(s):**

- **Date** _____
- **Title** _____

- **Date** _____
- **Title** _____

- **Date** _____
- **Title** _____

Presentation Time (if different):

- Set-Up Time:
- Start Time:
- End Time:
- Breakdown Time:

Location (Address & Room No.):

- At the address listed above. If not,*
- Street No.:**
- City, State:**
- Floor and/or Room No.:

How would you like the presentation presented?

- PowerPoint
- Case Study-based
- Lecture/Seminar-style
- Other:

Would you like to include any of the following activities?

- Ice-breaker/Interactive Introductions
- Interactive On-line Poll
- Pre-/Post-Assessment
- Case Study(ies)
- Video
- Other:

PRESENTATION SET-UP AND EQUIPMENT

Will the following equipment be available?

- Computer (to display PPT)
- Projector
- Projector Screen
- Wi-Fi (sometimes we play YouTube videos or, depending on the presentation format you decide on, we may use online-based presentation forums such as Prezi)
- Flipchart & Markers
- Printed Materials/Handouts
- Other:

SUGGESTED DONATION TO THE CENTER FOR ELDER ABUSE PREVENTION

Would you like to make a donation to the Center? YES NO, not at this time

- **If "YES," please refer to the donation page at the back of the "Course Catalog"**