



## PRESENTATION REQUEST FORM

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Position: \_\_\_\_\_

School/Organization: \_\_\_\_\_

School/Organization Address: \_\_\_\_\_

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

Presentation Location (classroom, multi-purpose room, etc.): \_\_\_\_\_

Type of Presentation: Student \_\_\_\_\_ Parent \_\_\_\_\_ Staff \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_

Grade: 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ Combo \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_ Combo \_\_\_\_\_

Number of Presentations: \_\_\_\_\_

Please provide 3 options for us to schedule your presentation. Please put your 1<sup>st</sup> choice 1<sup>st</sup>, 2<sup>nd</sup> choice 2<sup>nd</sup>, etc:

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

How did you hear about With Hope? \_\_\_\_\_

Thank you for your request to educate, equip and empower teens and community members in  
Suicide Prevention and Mental Health Awareness