|  |  |  |  |
| --- | --- | --- | --- |
| **The HOPE2GETHER Presentation Request Form** | | | |
| *The HOPE2GETHER Foundation thanks you for your presentation request. Given that we are volunteer-driven, please complete this form so we can make appropriate arrangements.* | | | |
| **Summary of Event Request** | | | |
| Your Site: | | | Name of Requestor: |
| Address & Directions: | | | Contact Person if different from above: |
| Requested Date / Time: | | | Title: |
| Audience (Describe age group and expected number of attendees)    Building # or room will the presentation be held in. | | | Cell: |
| Email Address: |
|  | | | |
|  | **Equipment**  *Please check (√ ) to the left if able to provide at site)*  Laptop  Speakers  Microphone  Projector  Easel Pad  Table  Resource Table  Student Assistants for setup | **Fit with Your Existing Prevention Programming?**  *Since single events rarely change lives, HOP2GETHER wants to work with what’s in place in terms of prevention. Please briefly describe your other prevention programming and identify ways that HOPE2GTHER can add to what’s in place*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*  **Logistics**  Building or Room Number presentation will be held  Is the Room or Stage Handicap accessible? | |
|  | **Time**  How much time is available? Note that a minimum time of one hour is preferred. To provide a full and impactful presentation including guest speakers from the DEA, Treatment and Recovery, 1-½ hours is optimal. |
|  | **Resources**  Is an honorarium fee available? Donations and honorariums allow us to provide our drug education efforts in the community. We are a 501 ( c ) 3 non-profit organization . Honorarium’s range from $300 -$500. They are not required but are greatly appreciated. | Handicap parking adjacent to or near the presentation room or building?  Reserve and mark two parking spaces the day of the presentation? | |