

Presentation Request Form

2006–2007 SEASON



SONOMA COUNTY POSITIVELY SPEAKING PROGRAM

CONTACT PERSON INFORMATION

Name	
Position and School	
Mailing address	
Location of Presentation	
Phone/fax number	
E-Mail	
Best times to be reached	

PARTICIPANT INFORMATION

Name of Group or Class	
Name of Supervising Person who will be in Attendance and will deliver HIV Education	
Number in Attendance	
Group will be comprised mainly of (circle one or more):	<p>AGE : - 8 9-11 12-14 15-17 18+</p> <p>GENDER : BOYS GIRLS BOTH</p> <p>OTHER DEMOGRAPHICS?</p>
Day(s) and Date(s) Requested:	<p>1st Choice: _____</p> <p>2nd Choice: _____</p> <p>3rd Choice: _____</p>

Office Use Only	
<input type="checkbox"/> Speaker Confirmed	<input type="checkbox"/> Education Date confirmed
<input type="checkbox"/> Confirmation Sent	<input type="checkbox"/> Directions to Site Printed
<input type="checkbox"/> Parking Passes Reserved	<input type="checkbox"/> Tracking entered
<input type="checkbox"/> Student Evaluations Rec'd/Sent to Speaker	<input type="checkbox"/> Invoice processed
Other:	<input type="checkbox"/> Mileage Record Completed

PRESENTATION INFORMATION

Please rate the knowledge level of the audience using the following scale: H = High, M = Medium, L = Low	_____ Basic AIDS Facts _____ Risky Behaviors _____ Self Esteem/Peer Pressure _____ Alcohol and Other Drugs
	<input type="checkbox"/> Audience can do written impressions to be sent to speakers
What has led you to request this presentation? Has there been an issue of concern in your group?	

SCHEDULING INFORMATION

(Requests are due at least 3 weeks prior to presentation.)

	Exact Times	Health Educator	PS Presenter	Room #
Presentation 1:				
Presentation 2:				
Presentation 3:				
Presentation 4:				
Presentation 5:				
Presentation 6:				

REQUESTOR AGREEMENTS

(Please initial each statement below to indicate agreement.)

_____ **Attendance** I understand that it is my responsibility to generate publicity strategies for the presentation, implement that publicity well in advance, and to ensure that a minimum of 5 audience members are in attendance. I also understand that given the sensitive nature of the presentation content, it is my responsibility to gather parental consent from participants as needed.

_____ **Location** I will reserve the presentation room to meet specific requirements (such as a chalk board) once I receive confirmation from the Program Coordinator. I will also reserve the room for half hour before and after the presentation times.

_____ **Cancellation** If I need to cancel this presentation for any reason, barring extreme circumstances, I will do so at least one week in advance. I understand that if I cancel with less than one week notice, my group may not be eligible to reschedule for the remainder of the academic year. In the rare instance that a speaker may cancel every effort will be made to reach the teacher by phone.

_____ **Education** I understand that approved HIV/AIDS classroom education will be delivered by school staff and will precede the speakers presentation in the classroom.

Your completed "Presentation Request Form" can be submitted in any of the following ways to the attention of *Positively Speaking*:

- In Person Bring to the Dept. of Health Prevention & Planning Division: 475 Aviation Blvd., Suite 210, Santa Rosa, CA 95403
- By Mail Positively Speaking: 475 Aviation Blvd., Suite 210, Santa Rosa, CA 95403 (707) 565-6680
- By Fax (707) 565-6619