



SPEAKERS' BUREAU PRESENTATION REQUEST

A. INITIATOR

Name: _____ Position: _____

School: _____ Mail Code: _____

Phone: _____ Fax: _____

B. PRESENTATION

Topic: _____

Date(s) 1st Choice _____ Time - From: _____ To: _____
 2nd Choice _____ Time - From: _____ To: _____
 3rd Choice _____ Time - From: _____ To: _____

Site Address and Room Number: _____

Language, if other than English: _____

C. AUDIENCE

Type (check one or more)	Number of Participants
<input type="checkbox"/> Elementary Students. Grade(s) _____	_____
<input type="checkbox"/> Middle School Students. Grade(s) _____	_____
<input type="checkbox"/> Senior High School Students. Grade(s) _____	_____
<input type="checkbox"/> Other. Specify _____	_____

D. COMMENTS/SPECIAL REQUESTS

The administrator's signature on this form verifies that the initiator of this request has taught the required five class periods from: AIDS: Get the Facts!" to all students who will hear this speaker.

E. APPROVAL

 Site Administrator's Signature

F. FOR OFFICE USE ONLY

Speaker _____

Date(s)/Time(s) _____