



BUREAU OF EDUCATION
OFFICE OF EDUCATION
OFFICE OF ELEMENTARY AND SECODARY EDUCATION
COMPREHENSIVE AIDS INFORMATION AND EDUCATION PROGRAM
SPEAKER'S PRESENTATION REPORT

Date _____

Speaker's Name _____

Speaker's Agency _____

PRESENTATION:

Title _____

Date(s) _____

Time(s) _____

Site _____

AUDIENCE:

Type (check one or more)	Number of Participants
<input type="checkbox"/> Elementary Students	_____
<input type="checkbox"/> Middle School Students	_____
<input type="checkbox"/> High School Students	_____
<input type="checkbox"/> Teachers	_____
<input type="checkbox"/> Other (specify)	
_____	_____
_____	_____
_____	_____

COMMENTS: _____

Please return this form to:

AIDS Information and Education Program
1444 Biscayne Blvd., Suite 204
Miami, Florida 33132
(MAIL CODE: 9999, Rm 921A)