

THIS BOX FOR OFFICE USE ONLY			
STAFF ASSIGNED	<input type="text"/>	RECEIVED BY	<input type="text"/>
CONFIRMED BY	<input type="text"/>	DATE	<input type="text"/>
DATE	<input type="text"/>	DONATION	<input type="text"/>



SFWAR

San Francisco Women Against Rape

SPEAKER/PRESENTATION REQUEST FORM

CONTACT PERSON	<input type="text"/>		
ORGANIZATION	<input type="text"/>		
PHONE 1	<input type="text"/>	PHONE 2	<input type="text"/>
EMAIL	<input type="text"/>		

TYPE OF PRESENTATION (select one)	<input type="text"/>	PARTICIPANTS
TOPICS (check all that apply)		Number of Attendees (select one) <input type="text"/>
<input type="checkbox"/> Sexual Assault/Rape Prevention (SA)		Age Groups <input type="text"/>
<input type="checkbox"/> Sexual Harassment Prevention (SH)		Sex/Gender <input type="text"/>
<input type="checkbox"/> Healthy Relationships (HR)		Language <input type="text"/>
<input type="checkbox"/> Drug Facilitated Sexual Assault (DFSA)		Information We Should Know About the Group? AND/OR Reason for requesting presentation?
<input type="checkbox"/> Anti-Oppression (AO)		
<input type="checkbox"/> Internet/Technology Violence (ICT)		
<input type="checkbox"/> Bystander Intervention (BI)		
<input type="checkbox"/> Supporting and Working with Survivors of Sexual Assault (SSA)		
<input type="checkbox"/> Other: <input type="text"/>		

EQUIPMENT/MATERIALS AVAILABLE FOR USE AT PRESENTATION SITE				
<input type="checkbox"/> LAPTOP (MAC / PC)	<input type="checkbox"/> DRY ERASE BOARD	<input type="checkbox"/> INTERNET ACCESS	<input type="checkbox"/> TELEVISION	<input type="checkbox"/> VHS PLAYER
<input type="checkbox"/> LCD PROJECTOR	<input type="checkbox"/> PRESENTATION PAPER	<input type="checkbox"/> PROJECTION SCREEN	<input type="checkbox"/> DVD PLAYER	<input type="checkbox"/> CHALKBOARD

REQUESTED PRESENTATION(S) DATES (PLEASE LIST DATES SEPARATELY)				OFFICE USE ONLY
DATE 1: <input type="text"/>	TIME: <input type="text"/>	PERIOD <input type="text"/>	TOPIC <input type="text"/>	PR <input type="text"/>
DATE 2: <input type="text"/>	TIME: <input type="text"/>	PERIOD <input type="text"/>	TOPIC <input type="text"/>	PR <input type="text"/>
DATE 3: <input type="text"/>	TIME: <input type="text"/>	PERIOD <input type="text"/>	TOPIC <input type="text"/>	PR <input type="text"/>
DATE 4: <input type="text"/>	TIME: <input type="text"/>	PERIOD <input type="text"/>	TOPIC <input type="text"/>	PR <input type="text"/>

LOCATION WHERE PRESENTATION WILL TAKE PLACE	
BUILDING NAME <input type="text"/>	CLASSROOM # <input type="text"/>
ADDRESS <input type="text"/>	
LOCATION NOTES <input type="text"/>	

PLEASE ONLY FILL OUT THIS PAGE

