

OFFICE USE ONLY PLEASE			
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"/>

SAN FRANCISCO WOMEN AGAINST RAPE SPEAKER/PRESENTATION REQUEST FORM

Instructions: Please fill out this form for your presentation request. When completed, "Save As" with your organization name and send as an attachment to ci.sfwar@gmail.com. Thank you!



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"/>
TOPICS (check all that apply)	
<input type="checkbox"/>	Sexual Assault/Rape Prevention
<input type="checkbox"/>	Sexual Harassment Prevention
<input type="checkbox"/>	Healthy Dating
<input type="checkbox"/>	Drug Facilitated Sexual Assault
<input type="checkbox"/>	Anti-Oppression
<input type="checkbox"/>	Internet/Technology Violence
<input type="checkbox"/>	Bystander Intervention
<input type="checkbox"/>	Supporting and Working with Survivors of Sexual Assault
<input type="checkbox"/>	Other: <input type="text"/>

AUDIENCE	
Number of Attendees	<input type="text"/>
Age Groups	<input type="text"/>
Sex/Gender	<input type="text"/>
Language	<input type="text"/>
Other Requests:	<input type="text"/>
Information We Should Know About the Group?	<input type="text"/>
MATERIALS TO BRING	<input type="checkbox"/> Brochures
<input type="checkbox"/> Volunteer Info	<input type="checkbox"/> Handouts

REQUESTED PRESENTATION(S) DATES					OFFICE USE ONLY				
DATE:	<input type="text"/>	TIME:	<input type="text"/>	PERIOD	<input type="text"/>	TOPIC	<input type="text"/>	PRSTR	<input type="text"/>
DATE:	<input type="text"/>	TIME:	<input type="text"/>	PERIOD	<input type="text"/>	TOPIC	<input type="text"/>	PRSTR	<input type="text"/>
DATE:	<input type="text"/>	TIME:	<input type="text"/>	PERIOD	<input type="text"/>	TOPIC	<input type="text"/>	PRSTR	<input type="text"/>
DATE:	<input type="text"/>	TIME:	<input type="text"/>	PERIOD	<input type="text"/>	TOPIC	<input type="text"/>	PRSTR	<input type="text"/>

LOCATION:			
BUILDING NAME	<input type="text"/>	CLASSROOM #	<input type="text"/>
ADDRESS	<input type="text"/>		
LOCATION NOTES	<input type="text"/>		

PLEASE SAVE THIS FORM AND EMAIL AS AN ATTACHMENT TO CI.SFWAR@GMAIL.COM