



If your organization is interested in having an educational program presented by FPHS staff, please complete this form and submit it for review. If possible, please send you request at least 4 weeks prior to the presentation event:

FPHS
 Attn: Sue Kettner RHE/ Public Relations Coordinator
 719 N. 3rd Ave.
 Wausau, WI 54401

Contact Name: _____

Title: _____ Email: _____

Organization Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: () _____

Presentation (s) Topic (s): _____

Number of presentations requested: _____ Hours needed to perform the presentations: _____

Date requested: _____

Number of participants: _____ Participant demographics: _____

Of the following equipment, what is available to FPHS staff to use during the presentation (s)? Please check all that apply.

Equipment	Check if available	Required (for office use only)
TV/VCR		
PowerPoint Equipment (Laptop, Speakers, Projector)		
Overhead Projector		
Podium		
Microphone		
Overhead screen pointers		
Other (Please list.)		

What is the primary reason and/or outcome goal your organization wants to achieve from this/these FPHS presentation (s)?

Sign Here: _____ Date: _____

Thank you for your commitment to quality, affordable, and confidential reproductive health care and for allowing FPHS to provide education services to your organization. We will contact you upon receipt of this form.

FPHS Manager's Signature: _____ Date: _____

EIDP Presentation: Yes: No: County: _____