



PRESENTATION REQUEST FORM

Complete this form and fax it ATTN: Education to (352) 377-2709.

School/Organization: _____

Contact Person Name & Title: _____

Phone: _____ Email: _____

Address: _____

Presentation Date Preferences

First Choice

Date(s): _____ Time(s): _____

Second Choice

Date(s): _____ Time(s): _____

Third Choice

Date(s): _____ Time(s): _____

Presentation Topic(s) – Check One:

- Abortion
- Advocating comprehensive school sex education
- Advocating reproductive rights
- AIDS/HIV
- Contraception/family planning
- Delaying intercourse
- Healthy relationships
- Male responsibility
- Media literacy
- Parent-child communication
- Planned Parenthood
- Pregnancy and birth
- Pregnancy options
- Puberty
- Self-esteem
- Sexually Transmitted Infections

Age Group of Audience – Check One:

- Under 6 years old
- 6-11 years old
- 12-14 years old
- 15-18 years old
- 19-24 years old
- 25-30 years old
- 31-50 years old
- Over 50 years old

Gender & Size of Audience

- Female, #: _____
- Male, #: _____

Additional Program Request Notes:

We will make every attempt to accommodate your request. Please note that presentation requests submitted at least 2 weeks prior to the requested presentation date(s) will take precedence over those submitted within 2 weeks of the proposed presentation date(s).