



SAFE- Central Valley Coalition Presentation Request

Group Name: _____

Location/Address: _____

Name and Title of Contact Person: _____

Email address: _____ Phone number: _____

Presentation Date/Time Choices: We offer either 30 minute presentations. Please indicate your time preference by start/end time. Example: Date: 1/1/2012 Time: 9-10am

In addition, please make sure that all choices fulfill at least one the criteria in order to guarantee the largest audience possible.

1st Choice-Date: _____ Time: _____ During a meal Before/after a meal
 During a regularly scheduled activity Before/after a regularly scheduled activity

2nd Choice-Date: _____ Time: _____ During a meal Before/after a meal
 During a regularly scheduled activity Before/after a regularly scheduled activity

3rd Choice-Date: _____ Time: _____ During a meal Before/after a meal
 During a regularly scheduled activity During Before/after a regularly scheduled activity

Demographics and Population:

Please fill in the following chart based on the population and demographics of your group/location.

Number of seniors regularly at your location		Number of seniors planning on attending the presentation	
Number of health providers regularly at your location (Drs, Nurses, PT's, Aids)		Number of health providers attending the presentation	
Number of other individuals regularly at your location		Number of other individuals the presentation	
Total Number of Individuals at your location		Total Number of Individuals you anticipate attending the presentation	

Please continue to next page...

Presentation Equipment

Place an "X" beside the equipment you have available at your location.

Microphones

podium

lapel microphone

table top microphone

Other

whiteboard

chalkboard

tables & writing utensils for seniors to fill out papers

Projector Equipment

projector (for laptop presentations)

projector screen

large white wall

area to fit a portable screen (10ft x 10ft)

extension cord (if we need to bring our own projector)

Multimedia

television with DVD capabilities

Internet Connection

Do you have internet available for us to use during the presentation? YES NO

If yes, do you have wireless internet? YES NO

We will confirm with the contact person regarding expected attendance for this event 2 weeks prior to the presentation for preparation of materials and handouts.

Mail or fax this form at least 4 weeks prior to requested presentation date:

Department of Physical Therapy

California State University, Fresno

ATTN- SAFE Central Valley Coalition

5315 N. Campus Drive

Fresno, CA 93740

OR FAX 559.278.3635

Any questions, please contact SAFE at 559.278.7539