



Community Presentation Request Form

Name of Organization: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Location Address: _____

City: _____ Zip: _____

Theme of Presentation: _____

Date and Time of Presentation: _____

Type of Presentation Requested: In-Person Virtual Hybrid Pre-recorded Video

Expected Number of Attendees: _____

Demographics of Attendees: _____

Date and Title of Previous Presentation(s): _____

AV Requirements / Notes: _____

Additional information: _____



theresa@swancc.org