



# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email this form as an attachment to Theresa Greinig / Education Coordinator:  
**theresa@swancc.org**