

Request for an FWWI Presentation

Please submit request to:

Family Wellness Warriors Initiative, Attn: Esther Grosdidier

Phone: (907) 729-5440

Fax: (907)729-5449

www.fwwi.org

First time presenting to your organization FWWI has presented to you before

Name (Organization): _____ Date: _____

Type of Organization (faith-based, tribal, non-profit, etc.): _____

Address: _____

City/State/Zip code: _____

Phone: _____ Fax: _____

Email: _____

Requested By: _____ Title: _____

Phone: _____ Email: _____

Event Name: _____ Event Date: _____ Time: _____

Event Location: _____

Number of Attendees: _____ Amount of Presentation Time: _____

Audience: _____

Desired Outcomes: _____

Please check equipment that will be available on site for FWWI presentation: *(In order for our team to come prepared, we would need to know what equipment we need to bring)*

Power Point Projector Projector Screen Laptop with a DVD Player OR TV with DVD Player

Laptop Speakers Other: (please describe): _____

A. To Be Completed By FWWI Staff

Date Request Received: _____ Received By: _____

Type of Request: Phone In Person Fax Email Other (please describe): _____

Supervisor of Outreach Signature: _____ Date: _____