



ASSISTANCE DOGS NORTHWEST

Unleashing Abilities.

Educational Presentation Request Form

Group/Company/School _____

Location _____

Contact Person _____ Title _____

E-mail _____ Phone Number _____

Requested Date(s) of Presentation _____ Time _____

Size of Group _____ Average Age _____

Please briefly describe your goals for the ADNW Educational Presentation and how much time you'd like to allow for the presentation:

Check all that apply:

- We don't know anything about Assistance Dogs.
- We have some knowledge about Assistance Dogs, but don't know about the different types.
- We know a great deal about Assistance Dogs and the specialized work they perform.

If the presentation is being held at your facility, please check all that apply:

- DVD player with TV
- Ability to connect a laptop to a TV or Projector
- Screen and Projector

[Assistance Dogs Northwest – 12101 Miller Rd NE - Bainbridge - WA - 98110](http://www.assistance-dogs-northwest.org)

For ADNW Office Use Only

Date and time of presentation: _____

Staff and volunteers conducting the presentation:

Phone number:

Dogs going to presentation:

Materials needed:

Group's knowledge of Assistance Dogs:

None

Some

Very well informed

Additional Comments:

Recap of presentation: