



## 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:

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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

\*\*\*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: