

Presentation Request Form



Purpose of Request or Event: _____

Participants: Court personnel Firefighters Police officers EMS Medical personnel
 Senior citizens General public Teachers/Counselors Students, grade level: _____
 Other: _____

Projected number of attendees: _____

Presentation held in conjunction with other activities or event? No Yes

If yes, specify event and other participants: _____

Publicity/Advertising for event? No Yes, specify: _____

Presentation Requested:

Burn Injuries Trauma Injuries Senior Safety Fire Safety & Prevention
 Trauma Burn Booth Display
 Trauma Burn Program Information & Referral Process: Straight Talk Real Life Both
 Other: _____

Presentation Length: 1/2 - 1 hour 1 - 2 hours Other, specify: _____

Preferred Date and Time of Presentation: _____

Presentation Equipment Available: _____

Requesting Group/Agency: _____

Contact Person: _____

Phone: _____ Fax: _____

E-Mail: _____

Program Location: Street address: _____

City: _____ ZIP code: _____

Contact: Karla Klas, RN, BSN, CCRP
Injury Prevention Education Specialist
PH: 734-998-8450 FAX: 734-998-8453
PG: 734-936-6266 #0950
kahrns@med.umich.edu