



University of Michigan  
Trauma Burn Center

## 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  
 Hazard House  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  
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