A picture containing monitor, screen, sitting, television

Description automatically generated

**Presentation Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUEST DATE:** | | | |
| **YOUR ORGANIZATION** | | | |
| Organization Name: | | Contact Email: | |
| Contact Name: | | Contact Phone: | |
| Organization/Program Description: | | | |
| Organization Address: | | | |
| **EVENT DETAILS** | | | |
| Event Title: | | Estimated Number Attendees: | |
| Event Location (Full Address): | | | |
| Event Date: | Event Start Time: | | Event End Time: |
| **PRESENTATION** | | | |
| Total Presentation Time: | Presentation Start Time: | | Presentation End Time: |
| Tabling Opportunity (Y/N): | PPT Slides (Y/N): | | Safe Sleep Demo (Y/N) |
| **AVAILABLE EQUIPMENT** | | | |
| Laptop (Y/N): | | Projector (Y/N): | |
| **TARGET AUDIENCES** | | | |
| Professional Staff (Y/N): | Faith-Based Group (Y/N): | | Parents/Caregivers (Y/N): |
| Parenting Teens (Y/N): | Other, please describe | | |
| **Please return this completed form to:** [CFWB.NYCInfantSafeSleepInitiative@acs.nyc.gov](mailto:CFWB.NYCInfantSafeSleepInitiative@acs.nyc.gov)  **NOTE:** Presentation requests should be made AT LEAST two weeks prior to your event.  Allow 2-3 business days for event confirmation. | | | |