



HEALTHY ALTERNATIVES TO VIOLENT ENVIRONMENTS

STANISLAUS STATE PRESENTATION REQUEST FORM

Date requested: _____

Name of organization: _____

Contact person for presentation: _____

Date of presentation: _____

Duration of presentation: _____

Presentation type: Zoom or in person location: _____ (Building/Room)

Topic of presentation: _____

Summary or presentation

Postings:

None Stan news 25 live website Other: _____

HAVEN USE ONLY

Name of presenter: _____

Number of attendees: _____ (estimate post presentation)

Supervisor Sign Off

Date

Please email this form to Brandy Spencer at bspencer@havenstan.org