



Presentation Request Form

Date of Request: _____

Requestor's Name: _____

Title: _____

Organization: _____

Work Phone: _____

Address: _____

Cell Phone: _____

Session Location: _____

Location Directions (if hard to find or out of metro Milwaukee)

SESSION TOPICS: LGBT 101 LGBT 202 National Transgender Educational Project
 OTHER _____

Number of participants: _____ Estimated age range of group: _____ Ethnicity: _____

Gender: _____ Special considerations: _____ Handicap accessible: YES NO

Materials for presentation: VIDEO OVERHEAD POWERPOINT FLIP CHART CHALK BOARD

Other session information: _____