



Classroom Presentation Request Form

School Name: _____ District: _____

Contact (Teacher/Counselor): _____

Address: _____

Phone: _____

Email: _____

Requested Date: _____ Requested Time: _____

Alternative Date: _____ Alternative Time: _____

Number of Students: _____ Grade: _____

Classroom Presentation Requested: (Check one) *

Health Careers 101

Geriatric Sensitivity

College Prep/Financial Aid

CSI (Crime Scene Investigation)

Special Requests: _____

**Most of our presentations can be tailored to meet the needs and interests of your students. Coastal AHEC has many other healthcare resources and programs available by request.*

Please fax completed form to (409) 933-3107, attention *Miriam Easley*.

You will receive a confirmation email that should inform you of the official date and time that the presentation is set for.

If you have any questions, please contact Miriam Easley at

(409) 933-0021 or by email at measley@cahectx.org. Remember a timely response is appreciated in order to accommodate scheduling request.

Thank you!