

Presentation Request Form

Please send completed form to <u>DHR.LiveWellVermont@vermont.gov</u>. Email or call (802)-828-7308 with any questions.

Presentation Request Information:

| | Name of Requestor: |
|-----|--|
| | Date of Presentation: |
| | Location of Presentation: |
| | Indoors or Outdoors: |
| | Is there a projector? |
| | Time of Presentation: |
| | Duration of Presentation (typically between 30 minutes-1.5 hours): |
| | Estimated Number of Participants: |
| | Department(s) of Participants: |
| | Division(s) of Participants: |
| | Type of Presentation: Click for more information on presentations. |
| Add | Would you like to request the Smoothie Bike at your presentation? Please note: Smoothie Bike availability may vary. The Department requesting the presentation is responsible for the purchase of smoothie supplies. LiveWell Vermont will be responsible for transporting the bike. ditional Notes/Comments: |
| Po | int of Contact for Presentation: |
| | Name: |
| | Email: |
| | Phone Number: |
| | |