



## Presentation/Training Proposal Request Form

**Date:**

**Name of Requestor:**

**Name of Organization:**

**Phone:**

**E-mail:**

**Fax:**

**Presentation Location:**

**Requested Date & Time of Presentation:**

**2nd Choice Date & Time:**

**Please check your type of request below:**

	<b><u>Presentation Topic:</u></b>		<b><u>Training Topic:</u></b>
	Healthy Relationships		School Avoidance/Anxiety
	Body Image/Eating Disorders		Working with Anxiety & Trauma
	Mindfulness & Self care		Counseling Couples
	Teen Wellness: Stress, Decision Making or Anger		Eating Disorders/Body Image
	Teen Wellness: Decision Making		Grief Counseling
	Teen Wellness: Anger		Self Injury & Social Media
<b>Special Request:</b>			Non-Suicidal Self Injury
			Trauma in Schools
			Mental Health in the Classroom
			Parenting Strategies
			Counseling Children & Adolescents