

Prevention Resource Center Region 6

Presentation / Health Fair Request

Date of Request: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Agency/School: _____

Address: _____

City: _____ Zip: _____

_____ Presentation (please choose one)

- | | |
|---|--|
| <input type="checkbox"/> Consequences of Drinking and Driving | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Signs and Symptoms (Parent) | <input type="checkbox"/> Red Ribbon (October Only) |
| <input type="checkbox"/> Substance / Alcohol Abuse | |

_____ Health Fair

Date of Event: _____

Time of Event: _____ How long will event last: _____
(Presentation maximum 1 hour)

Approximately how many attendees: _____

Age group or grade of attendees: _____

Is there specific pamphlets that would be helpful to have available at your
Presentation /Health Fair:

- | | |
|----------------------|--------------------------|
| ___ Alcohol | ___ Marijuana |
| ___ Anger Management | ___ Mental Illness |
| ___ Bullying | ___ Meth |
| ___ Cocaine | ___ Other Language _____ |
| ___ Council Services | ___ Parenting |
| ___ Cutting | ___ Prescription Drugs |
| ___ Cutting | ___ Salvia |
| ___ Eating Disorders | ___ Spit Tobacco |
| ___ Hallucinogens | ___ STD's |
| ___ Heroin | ___ Steroids |
| ___ Inhalants | ___ Tobacco |

Please return via fax (713) 526-8257