

HYPE PRESENTATION REQUEST FORM

Organization/Agency _____ **Contact Person** _____

Address _____ **Phone** _____ **x** _____

Email _____ **Fax** _____ **Rm #** _____

Do you have access to a projector/screen? Yes No

Dates requested: *(Please pick four days and indicate the time):*

1st choice series:

2nd choice series:

3rd choice series:

We will try our best to accommodate your requested dates but cannot guarantee you will receive your first choice.

How many students are in your class/workshop? _____

What grade level are your students? _____

(Please list any language considerations needed for your students/clients in the Notes section)

Notes:
