



Presentation Request Form

Organization _____

Contact Person _____

Phone Number _____ Fax _____ E-mail _____

Contact Address _____ City _____ State ____ Zip _____

Event Address _____ City _____ State ____ Zip _____

[Please specify the exact location of presentation (i.e. Room #, Library, etc.)]

Please describe your event _____

Audience _____ Number expected _____

(Parents/caregivers, children, teachers, etc.)

Date Request (in order of preference) (1) _____ (2) _____ (3) _____

Presentation Time (1) ____:____ AM PM (2) ____:____ AM PM (3) ____:____ AM PM





How long would you like the presentation to be? _____

Would you like to include a book-related craft activity? Yes No

Would you like a brief lesson on how to read aloud to children? Yes No

What type of special equipment or supplies will be available for use?

(Projector, computer, crayons, markers?)

-  Please email completed form to **dannah@readtomeintl.org**.
-  Reservations will be accepted on a first-come first-served basis.
-  An email will be sent to the address entered above to confirm your presentation and/or request additional details.
-  If you need further information, please call the office at (808) 955-7600 or email **dannah@readtomeintl.org**.