

UNITED CEREBRAL PALSY ASSOCIATION OF GREATER INDIANA, INC.

HEALTH PROMOTION - Presentation Request Form

DATE: _____

CONTACT NAME: _____ POSITION: _____

ADDRESS #1 _____

ADDRESS #2 _____

CITY _____ ZIP _____ - _____ COUNTY _____

TEL # _____ TEL # _____

DATE of PRESENTATION: _____ TIME: _____ to _____

AUDIENCE TYPE: _____ AGE: _____ #: _____

PRESENTATION FOCUS: General CP Info Aging & CP Disability Awareness

UCPAGI programs - general UCPAGI program, specific: _____

Other: _____

SETTING: Classroom Luncheon/dinner Health fair Meeting Conference

Other: _____

OTHER INFORMATION:

DIRECTIONS/PARKING: