



California Association of Marriage and Family Therapists

7901 Raytheon Road * San Diego * California * 92111-1606 * www.camft.org
858-292-2638 * 858-292-2650 FAX * nmilazzo@camft.org

Presentation Request Form for CAMFT Staff Presenter

PLEASE NOTE: There must be a minimum of 30 persons in attendance for a live presentation. (Webinar option also available.)

Name & Location of Organization Requesting a Speaking Engagement/Presentation:

Type of Speaking Engagement/Presentation and Topic:

Date Options: _____

Time and Length of Speaking Engagement/Presentation: _____

Contact Person Name: _____

Contact Person's telephone number, e-mail address, and cell number for the "day of" the event:

Please attach a map or include specific directions to the location of the event--Please include street address, zip code, room numbers, etc. Please be as specific as possible:

Message to Contact Person scheduling the Presentation:

Contact Person understands that it is the organization's responsibility to copy and provide handouts to attendees (if applicable), provide any applicable continuing education credit/hours of experience and certificates (if applicable), and to make any accommodation for attendees under ADA. Presenter(s) will arrange for their own travel and lodging, however directions and a contact/cell number to check-in with on-site is important. Contact Person agrees to provide the following to Presenters: a projection screen, a stand or table for a laptop computer and projector (computer/projector provided by presenters), access to electrical outlet and plenty of drinking water. (If A/V is applicable)

Note: In the case that Jill Epstein is unable to make this presentation (e.g. because of legislation or illness, etc.), Catherine Atkins, J.D., Staff Attorney will present.

Contact Person's signature confirming agreement to the above arrangements:

Name: _____ **Date:** _____