



**2009 SCHEDULED PRESENTATION REQUEST FORM**

*Please use this form to select up to three possible presentation dates for your Community of Respect™ designation.*

**1. How do you want your company, house of worship or organization name to appear on the banner or award?**

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**2. Do you prefer a banner or an award for you designation?** \_\_\_\_\_

**3. List three possible dates and times that you would like to have your presentation:**

**First Date/Time:** \_\_\_\_\_ **Second Date/Time** \_\_\_\_\_ **Third Date/Time** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Occasion/Logistics:** \_\_\_\_\_

**Who will receive the designation on behalf of your company, house or worship, or organization?**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How many people will attend the presentation?** \_\_\_\_\_

**Would you like Media to cover this event if possible?** \_\_\_\_\_

**4. Please give any additional details or alternate contacts:** \_\_\_\_\_

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