



The Mental Health Association
in Suffolk County, Inc.

Bridging the Way Toward Mental Wellness

199 N. Wellwood Avenue, Lindenhurst, NY 11757

www.mhasuffolk.org

Phone: 631-226-3900

Fax: 631-225-1708

SCHOOL PRESENTATION REQUEST FORM

This form must be completed and submitted to request a presentation from the Mental Health Education Program.

School Name _____

Contact Person _____ Position/Title _____

Address _____

City _____ ZIP _____ Phone _____

Fax _____ Email _____

Best time(s) of day to reach you by phone _____

Title of presentation requested _____

Total # of presentations requested _____ Grade level of classes _____

List period #'s with exact times of classes requested and teacher's names:

Desired date(s) of presentation(s) _____

Alternate desired date(s) _____

Do the classrooms have available equipment to run a power point presentation? YES NO

Equipment available (Please Circle):

Laptop/projector

Smartboard

Computer/projector

*Please note that there is a limit of 40 students per presentation and presentations are given in the classroom only. Requests will be honored on a first come/first serve basis; therefore, requested dates may not be available. Presentations must be requested at least 60 days in advance of desired dates. A contract of the confirmation of scheduled presentations will be sent to you and will require signature. This contract must be sent back to the Mental Health Association at least 30 days prior to the scheduled presentations. Payment or purchase order must be received 10 days prior to the scheduled presentations. Non-receipt of payment in this time frame will result in cancellation of presentations.