

Presentation Request

Presentation Title _____

Date(s) _____ Start Time _____ End time _____

Name of group or organization _____

Location of Presentation/Address _____

City/State/Zip _____

Contact Person _____ Phone _____

Contact's Address _____ City/St/Zip _____

Estimated Number of Participants _____ Email Address _____

Audio-visual needs include the following, plus a person to setup and/or operate the equipment.
Please check boxes below if you can provide:

- Screen or wall for projection
- Computer for DVD
- LCD projector for projection
- Name of support person _____ Phone # _____

Please note: Our education coordinator or presenter will contact you prior to the presentation. Names of presenters and their bios will be sent prior to the event.

Donations are appreciated and will be applied toward the
Human Trafficking Awareness ministries of the *Sisters of Saint Francis*.

Please make checks payable to **Sisters of Saint Francis**
Send to **1001 14th St. NW, Rochester, MN 55901**

Rochester Franciscan Contact's Signature

Date _____

Please return one signed copy to:

Organization Contact's Signature

Date _____

Sister Judi Angst, HT Education Coordinator
Sisters of Saint Francis
1001 14th St. NW
Rochester MN 55901