



Community Drug Coalition of Lea County

Presentation Request Form

Date: _____

Organization Name:

Address:

Phone Number:

Point of Contact:

Date of Presentation:

Time of Presentation: AM PM

Number Attending:

Location of Presentation:

Purpose of Presentation:

Type of Presentation – you may check more than one

- | | | |
|---|--|---|
| <input type="checkbox"/> CDC Overview | <input type="checkbox"/> Meth | <input type="checkbox"/> New Drug Trends |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Drug Free Workplace | <input type="checkbox"/> Prevention Methods |
| <input type="checkbox"/> Enabling | <input type="checkbox"/> Treatment | <input type="checkbox"/> Intervention |
| <input type="checkbox"/> Specific Drug(s) <u>Synthetics</u> | | <input type="checkbox"/> Other _____ |

Type of Audience – you may check more than one

- | | | |
|---|---|---|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Elementary Students | <input type="checkbox"/> Middle School Students |
| <input type="checkbox"/> High School Students | <input type="checkbox"/> College Students | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Upper Management | <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Athletes |
| <input type="checkbox"/> Civic | <input type="checkbox"/> Workplace | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Other _____ | | |

Technology Available at Location:

- Projector Screen Sound System Internet

Notes: _____

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