



## Presentation Request Form

### Requester Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Presenter Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Presentation Details

Date of Presentation: \_\_\_\_\_

Duration of Presentation: \_\_\_\_\_

Brief Description of the Presentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Special Requests:

\_\_\_\_\_

\_\_\_\_\_

### Notes:

\*\*Kindly note that this form will be reviewed by the committee, and is subject to approval. Once approved, we will contact you via email with the duration allocated as well. We cannot guarantee all those who fill the form to be granted presentation time.\*\*

All completed forms should be emailed to [secretariat@sijny.org](mailto:secretariat@sijny.org)