



EDUCATION PRESENTATION REQUEST

School Name: _____

Presentation Address: _____

City: _____ Contact Name: _____

Tel: (____) _____ Fax: (____) _____

E-mail: _____

Please complete the information below with respect to the requested educational presentation from an MTAA representative to ensure that we are able to adequately meet your presentation goals. Please allow a minimum of 2-3 weeks advance notification.

Desired Presentation Date(s): Option 1: _____ Month _____ Day

Option 2: _____ Month _____ Day

Option 3: _____ Month _____ Day

Presentation Time: _____ AM / PM (please circle)

Presentation Time Availability: 30 Minutes 45 Minutes 1 Hour

Presentation Audience Enrolled in: 1st Year 2nd Year 3rd Year

Number of Students for Presentation: _____ Students

Please fax (403-346-2269) or email (info@mtaalberta.com) your completed presentation request to the MTAA Office. Upon confirmation of presenter availability, we will contact the individual outlined above to finalize the presentation schedule.

MTAA Office Use Only:

Presenter: _____ **Date:** _____

Material Sent: _____ **Via:** _____