

Canine Companions For Independence (CCI)

Request Form for Presentations, Demonstrations and Booths

The following information must be completed in full and received by MN CCI no later than 2 months prior to the requested date of presentation, demonstration or booth request.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Purpose of CCI presence (Booth?Speaker?why?) _____

Desired Date: _____ **Alternative Date (s)** ___/___/___ ___/___/___

Requested Arrival Time: _____ Presentation Time: _____ Presentation Length: _____
(circle): Meal: Y N Wheelchair Accessibility: Y N Table for Literature: Y N

Number of People Attending: _____ Other Activity Occurring: _____

Group in Attendance: Under 12 Teenagers Adults Seniors

Men Women Disabled Professionals

Location Provisions: Microphones Screen VHS VCR Electrical Outlets

Demonstration Location: _____

Address: _____

Phone: _____

Directions (please include a map, if possible): _____

Please return this form to: CCI Mpls/St.Paul Chapter Demo Coordinator
12921 Overlook Rd.
Dayton, MN 55327

CCI Representative or Volunteer – fill out bottom and mail

Presenter(s) Name(s) _____ Circle for each: Grad/Pup Raiser/Volunteer

_____ Circle for each: Grad/Pup Raiser/Volunteer

_____ Circle for each: Grad/Pup Raiser/Volunteer

Total Time Worked (each) _____