

CLASSROOM PRESENTATION REQUEST

Requester and School Information

Name: _____ Date: _____

School Name: _____

School Street Address: _____

School City: _____ State: _____ Zip: _____

County: _____

Daytime Telephone: _____ - _____ - _____ Ext.: _____

Fax Number: _____ - _____ - _____

E-mail Address: _____

Presentation Information

List **three** preferred dates for presentation: Date 1: _____ Date 2: _____ Date 3: _____

Please complete for each teacher attending:

<u>Time</u>	<u>Grade</u>	<u># of Students</u>	<u>Teacher</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Allow 60 minutes per presentation. The last presentation should end by 2:00 PM.
2. I will need a **DVD player, Television and a lunch room size flat top table (for hands-on demonstrations).**
3. If cancellation is necessary, please call **347-3399, Ext. 3030** ASAP.
4. For further information contact:

Brandy Incorvia
Administrator of Educational Programs
Santee Cooper
305-A Gardner Lacy Road
Myrtle Beach, SC 29579
Fax: 843-347-8781
Email: brandy.incorvia@santeecooper.com

This section will be completed by Santee Cooper and returned to you as confirmation.

School: _____ Presentation Scheduled For: _____

Teacher Contact: _____

Confirmed By: _____ On: _____