



## Presentation Request



**REMINDER:** The Asthma 101 program takes at least 1 hour.

Contact: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Program Training Location (if different than above): \_\_\_\_\_

Anticipated # of Personnel Participating: \_\_\_\_\_

Preferred Date & Time of Program (Please list 2 possible dates)

(1) Date: \_\_\_\_\_ (2) Date: \_\_\_\_\_

Time: \_\_\_\_\_ Time \_\_\_\_\_

Type of AV Equipment Available at your facility (circle)

Overhead

Laptop

LCD Projector

Return this completed form by fax to:

*Oahu:* 537-5971

*Kauai:* 245-8488

*Maui:* 242-9041

*Big Island:* 935-7474