



# CLASSROOM PRESENTATION REQUEST

## Requester and School Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

School City: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Telephone: - -

Fax Number: - -

## Presentation Information

List three preferred dates for presentation:

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

School: \_\_\_\_\_ Presentation Scheduled For: \_\_\_\_\_

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

Confirmed By: \_\_\_\_\_ On: \_\_\_\_\_