The Victim/Witness Division
Presentation Request Form

Name of Organization: ____________________________________________________________
Address: ___________________________________________________________________

Contact Person: ____________________________
Phone/Fax Number(s): __________________________________________________________
E-Mail Address: ____________________________

Please list your preferred dates and times and a presenter will contact you to schedule your presentation.

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<th>Number of Presentations Requested:</th>
<th>Dates</th>
<th>Times</th>
<th># expected</th>
<th>Type of Audience</th>
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To help us better prepare for the presentation, please check all of the topics that you would like to have us cover during our presentation:

☐ Office Services               ☐ Sexual Assault               ☐ Dating Violence/Date Rape
☐ Victim Rights                 ☐ Domestic Violence            ☐ Homicide
☐ Violence Prevention/Anger Management ☐ Bullying
☐ Other ____________________________

Audio-visual Equipment available (in the event a PowerPoint presentation is used): yes / no
Specify what is available:
Laptop Computer: __ Projector: ___ Screen: ___ Audio/Speakers: _______
VCR: _____ Overhead Projector: ___ Other: ____________________________

Please Return Completed Form To:
Montgomery County Prosecutor’s Office Victim/Witness Division
ATTN: Sandra M. Hunt, Victim Witness Division
P.O. Box 972, Dayton, Ohio 45422-6355
Or Fax to: 937-496-7689
Call 937-225-5623 or email hunts@mcohio.org with questions.