

MAPP-SD Presentation Request Form

Day/Date of Presentation:

Time of Presentation:

Length of Presentation:

Agency/Group/Audience Requesting Presentation:

Your Name:

Your Phone, Address and Email Information:

Approximate # Attending the Presentation:

Location of Presentation: (Community and Physical Location)

Presentation Topic: (Please select one or more)

- Meth Signs and Symptoms 101
- Meth Labs and the Dangers
- Child Endangerment Drug Endangered Children
- Meth Lab Clean-up and Remediation

Please briefly describe what information you would like your group to learn about.

MAPP-SD does not charge for services, but we do ask that you provide any audio/visual equipment (i.e. power point projector and lap-top computer, VCR and TV)

Does the meeting facility provide such equipment?
If not, are you able to locate/rent equipment for the presentation?

How did you hear about MAPP-SD?

Please Return to: MAPP-SD
822 East 41st St. Suite 235
Sioux Falls, SD 57105
Phone: 605-331-5724
Fax: 605-331-5725

FOR MORE INFORMATION ON MAPP-SD
www.mappsd.org