

TULARE COUNTY OFFICE OF EDUCATION
SCHOOL HEALTH PROGRAMS

**POSITIVELY SPEAKING
HIV/AIDS VOLUNTEER SPEAKER PROGRAM
- Speaker Request Form -**

SCHOOL or GROUP INFORMATION:

School or Group Name: _____		
Address: _____	Telephone: _____	
Superintendent/Principal or Administrator: _____		

PRESENTATION INFORMATION: School(YorN)___ Community
Group(YorN)_____

Number of Presentations: _____	Grade Level(s): _____
Preferred Date(s): 1st Choice _____ 2nd Choice: _____	
Preferred Time(s): 1st Choice _____ 2nd Choice: _____	
Name(s) of Classroom Teachers: _____	

SPECIAL REQUESTS OR COMMENTS:

CONTACT INFORMATION:

Contact Person: _____	Telephone: _____
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Please enclose warrant payable to CSSF-Positively Speaking for \$75.00 for **EACH CLASSROOM or MEETING BOOKED or \$200.00 FOR FULL DAY INSERVICE** and mail to:

Candy Hilvers, Program Manager
Tulare County Office of Education
School Health Programs
7000 Doe Ave., Bldg. #300
Visalia, CA 93291
(559) 651-0130 FAX: (559) 651-0172

Superintendent/Principal/Administrator

Date