

| Business/Organization: | | |
|--|--|---|
| Contact: | | |
| Phone: | Email: | |
| Preferred Date/Time of Presenta | ition: | |
| Event Location (include full add | ress): | |
| | | |
| Audience Profile (caseworkers, f | oster parents, etc.): | |
| | | |
| | Employment Health Care Access Supportive Relationships (panel, keynote, informational, interactive) | |
| Length of Presentation Request | ed: | |
| There is no fee for having a Proj | vject Everlast Council? ect Everlast Council member speak to you vaskaChildren.org/donate or mailed to the | ur group. However, donations are appreciated |
| | quest at least one month prior to you a speaker will be available on the date ye | r event . We will work to accommodate you ou request. |
| Return to: Cassy Rockwell, Program Coordi Nebraska Children and Families | | |

215 Centennial Mall South, Suite 200, Lincoln, NE 68508

Phone: 402.817.2003 Fax: 402.476.9486

crockwell@nebraskachildren.org