



Request for Monthly Program Presentation

Date: _____

Only member organizations are eligible to present, except in rare circumstances, as approved by the Executive Board. Once the request has been received, the program committee will notify you of the next available program opening.

Agency:	Name: Email: Address: City, State, Zip: Office phone: Cell phone: Fax: Website:
Information for Website and Media about presentation.	
Presenter	Name, Title: Phone: Phone: Email:
Topic and Brief Description:	
Presentations should be no more than 15 minutes in length including questions and answers. Handouts are recommended.	

Questions can be emailed to info@cosaslc.org or delivered at the monthly meeting.

COSA * P.O. BOX 2356 * FT. PIERCE, FL 34954 * Check out the website at cosaslc.org!