



Council of Social Agencies
of St Lucie County

Request for Monthly Presentation

Date: _____

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

Agency:	Agency: Email: Address: City, State, Zip: Office phone: Cell phone: Fax: Website:
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Information for Website and Media about presentation.

Presenter	Name, Title: Phone: Cell Phone: Email:
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AV Needs	
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Topic & Brief Description	
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Presentations should be no more than 15 minutes in length, including question and answer period. Handouts are recommended. Please email presentation to email below at least one week prior to scheduled date.

Request can be emailed to: program@cosaslc.org or delivered at the monthly meeting.
 COSA * P.O. BOX 2356 * FT. PIERCE, FL 34954 * Check out the website at
www.cosaslc.org!