



[www.mappsd.org](http://www.mappsd.org)

## 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, VCR,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 41<sup>st</sup> St. Suite 235      Phone: 605-331-5724  
Sioux Falls, SD 57105      Fax: 605-331-5725

**FOR MORE INFORMATION ON MAPP-SD      [www.mappsd.org](http://www.mappsd.org)**