



Carolina Resource Center for Eating Disorders

Education/Outreach Request

Organization Name: _____

Organization Address: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Presentation Location: _____

Presentation Date: _____ Presentation Start Time: _____

Presentation Length: _____ Audience Size: _____

Audience Type: _____

Requested Topic: _____

Presentation Purpose/Objective: _____

Other Details/Questions:

A/V Resources Available: _____

Date Submitting Request: _____

Return the completed form to info@crcford.com and please provide a minimum of 12 weeks notice for requests.

CRC for ED POC

Name: _____ Email: _____ Phone: _____

Date assigned: _____ Notes:

Date follow-up: _____