



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/Requests:

\_\_\_\_\_

\_\_\_\_\_

A/V Resources Available (*in-person sessions only*): \_\_\_\_\_

Does your group have access to computers for Zoom session (*virtual outreach-please circle one*): Yes No

**\*CRC for ED provides this programming as a direct result of private donations. Organizations interested in contributing to our nonprofit may do so through the "Give Today" button on our website: [crcford.com](http://crcford.com) or by check addressed to CRC for ED at PO Box 18103, Asheville, NC 28814. Recommendation is \$100-200 per session. Thank you.**

Date Submitting Request: \_\_\_\_\_ Return the completed form to [info@crcford.com](mailto:info@crcford.com) and please provide a minimum of 12 weeks notice for requests.