



Senior Injury Prevention Presentation Request Form

Organization Name: _____

Organization Website: _____

Contact Person: First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Tell us a little about your organization and its primary function:

Preferred presentation delivery format:

☐ In-Person ☐ Virtual ☐ No preference

Proposed Presentation Dates (List in order of preference):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____

Proposed Presentation Start Time: _____ Anticipated Number of Attendees: _____

Which of the presentations listed below are you interested in hosting? (check all that apply):

Fall Prevention Presentation

The discussion will focus on contributing factors that cause falls. Areas that will be discussed are Changing Behaviors, Nutrition & Medication Management, Fitness, and Home Safety Checklist.

Personal Emergency Preparedness Presentation

The discussion will focus on the preparations older adults can make so that they will be organized and equipped to cope with emergency situations.

How do you plan to promote this presentation to the members of your organization?

To submit this form: If you are using Internet Explorer, click the submit button and it will be attached to your email client. If you are using Chrome/Firefox, click the print button, change the print destination to "Save as PDF" and save the form to your computer and then email it to: Kim.Chung2@acgov.org