



# Senior Injury Prevention Presentation Request Form

## Virtual Presentation Only

Organization Name: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Contact Person: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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: [ysela.jimenez@acgov.org](mailto:ysela.jimenez@acgov.org)