Presentation Request Form

YOUR BRILLIANT BRAIN

BE COOL: Brain Education Child Onsite Oriented Learning

NAN Member requesting slide presentation and lesson plan:

___________________________________________________________

Email: ________________________________
Phone: ________________________________

Date and time of presentation: __________________________________

School Name, City, State: _______________________________________

Name of Teacher: ______________________________________________

Number of students: ________________

Grade range of slides/lesson requested: _____ 1st – 3rd grade
                                           _____ 4th – 6th grade

I agree to complete the presenter evaluation form and provide the school with an evaluation form for them to complete.

________________________________________
Signature of NAN Member requesting materials

Please fax your completed form to 303.691.5983 or e-mail the NAN Office at office@nanonline.org

*Please allow up to 2 weeks for delivery of materials*