

**SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE
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**PRESENTATION REQUEST FORM
PLEASE FILL OUT ENTIRE FORM. PRINT ONLY**

Organization/ School: _____

Contact Name: _____

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Daytime Phone No.: _____ Evening Phone No.: _____

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Requested Date: _____ Time: _____

Alternate Date: _____ Time: _____

Number of People: _____

Description of Group/ Organization (include names of divisions that would like to visit and subject focus, if any):

Please fax Presentation Request Form at (212) 491-2098 FAX.
You will receive a Presentation Confirmation Form by fax, email, or mail.

THIS SECTION WILL BE COMPLETED BY SCHOMBURG STAFF:

CONFIRMATION

DATE RECEIVED _____ STAFF SIGNATURE: _____

THANK YOU FOR YOUR INTEREST IN

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