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PRESENTATION REQUEST FORM
PLEASE FILL OUT ENTIRE FORM. (PRINT OR TYPE)

Organization/School: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

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Requested Date: _____ Time: _____

Alternate Date: _____ Time: _____

Number of People: _____ Age Range: _____

Description of Group/Organization:

Please fax Presentation Request Form at (212)491-2037 FAX.
You will receive confirmation by fax, email, or mail.

**REQUESTS MUST BE RECEIVED NO LESS THAN TWO WEEKS
PRIOR TO REQUESTED DATE OF VISIT.**

**THANK YOU FOR YOUR INTEREST IN
THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE!**