

Long Island Council on Alcoholism and Drug Dependence (LICADD)

114 Old Country Road, Suite 114
Mineola, NY 11501

Phone: (516) 747-2606 **Fax:** (516) 747-0714 **Website:** LICADD.ORG **eMail:** recovery@licadd.org

REQUEST FOR PRESENTATION

Today's Date: _____

Name of Organization/Agency: _____

Mailing Address: _____

Name of Authorized Contact Person: _____

Position/Title: _____ Telephone #:(____) _____ - _____

Emergency #:(____) _____ - _____

Email address:_____

A single presentation or series of programs can be scheduled for an organization/school. Workshops can last as long as a class period or exceed an hour depending on the material to be discussed. All presentations allow for audience participation and questions. We ask that requests be submitted at least two weeks prior to date of presentation. We'll call or email you to confirm our ability to present.

Indicate specific focus, topic or requirement(s) for program: _____

Size, description and age of audience: _____

Address where program will be held:
(if different from above) _____

Indicate both date & time of program: **1st Choice:** Date:_____ Start Time:_____ End Time:_____

2nd Choice: Date:_____ Start Time :_____ End Time: _____

Are you requesting a particular speaker? _____

AGENCY USE ONLY

Approved By: _____

Date / Time of Presentation: ____/____/____ @ ____:____ to____:____

Payment received?

Person(s) assigned to program: _____

Date:_____

Method: _____

LICADD EDUCATIONAL PROGRAM/LITERATURE CONSENT FORM

Acting on behalf of my organization, I have requested an education program and/or written materials from LICADD. I would like the speaker to focus on the following topics during the presentation. If there's a topic you'd like that you don't see here, please call Caitlin Erickson at (516) 747-2606 to discuss a customized program.

Presentation Topics (Please check all that you are interested in):

- Overview of Substance Abuse and Addiction
- Underage Drinking/Binge Drinking
- Marijuana – It's not your Parents' Pot
- Prescription Drug Misuse/Diversion
- Intervention Strategies and Treatment Options for Addiction
- Addiction and the Family
- Strategies for Preventing Overdose
- Anger Management: Eight Coping Skills for Life

- Alcohol & Your Child: Information every Parent Should Know
- Reducing Teen Prescription Drug Abuse: Tips for Parents
- Why our Kids Get High
- Talking with your Kids about Alcohol and Drugs
- But my Neighbor Lets them Do It: Social Host Laws

- Professional Trainings for Educational and Health Care Professionals
 - Stages of Change: The Transtheoretical Model of Behavior Change
 - Harm Reduction: Engaging and Working with Active Users
 - HIV/AIDS and Substance Use
 - Co-Occurring Disorders - Substance Use and Psychiatric Disorders
 - Engaging Youth Who are Actively Using Substances
 - Motivational Interviewing
 - Psychological Education Student Support Services
 - "Too Good for Drugs" Student Psycho-Educational Prevention Model
 - "Teen-Intervene" Student Psycho-Educational Prevention Model
 - Parent Engagement and Prevention
 - Family Support Services
 - Critical Incident Stress Debriefing (CISD)
 - Anger Management
- Health/Wellness Fair

Other Topics:

Please check all that are available at you facility:

Dry Erase Board/Chalk Board: Laptop: LCD Projector: Smartboard:

Honorarium: Our programs do not come with a formal fee, but LICADD relies entirely on honorariums and donations to underwrite our educational programs and services. Your support is appreciated. Please select an amount below:

\$125 \$250 \$500 \$1,000 Other amount

Payment options:

- Check enclosed
- Will mail check
- Please invoice us
- Please call me for a credit card number
- Please call me to make other arrangements

Checks can be made payable to "LICADD" Please indicate in the memo section of check the date of presentation. Thank you for your help and generosity.

Upon completion of this request form...

- I agree to the distribution of LICADD literature.
- I understand that I may not videotape or audiotape any speaker without prior written permission from LICADD.
- I agree to help maintain a learning environment that will best enable the presenter to deliver the information in an effective way.

Name & Signature of Authorized Organization/Agency Representative

Date

Organization/Agency Name

Position/Title

Please return this form to us via mail, fax or email. Thanks!

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