

PRESENTATION REQUEST FORM

Date of Request _____

Name of Organization _____

Mailing Address _____

City, State, Zip _____

Name and Title of Contact Person _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Requested Date & Time for Presentation:

1st Choice _____

2nd Choice _____

Topic for Presentation _____

(Can be developed for your needs)

- Anti-Aging with Nutrition
- Food Sensitivity Testing
- Nutrition Basic Training
- Fitness 101
- Spring Cleaning - a Simple Detoxification Program
- Overcoming the Moody Blues
- Nutrition Assessment with Blood Chemistry Analysis
- Wellness 1,2,3

Audience (e.g. adults, children, health professionals, coworkers-field of work) _____

Number of Attendees Expected _____

Location of Presentation (Address, Room Number, Directions) _____

Earth and Water Wellness will brochures and other handouts.

Please complete this form and fax or email to:

Vicki Gerberich

Earth and Water Wellness

Attention: Presentation Request

Fax: 303-833-3622 / Phone: 303-718-3360

Email: Vicki@earthandwaterwellness.com