



PERSONAL SOLUTIONS INC.
DRUG AND ALCOHOL MANAGEMENT SERVICES

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PROGRAM REQUEST

To provide you with a program, which best meets your needs please provide the following information and return to our office as soon as possible.

DATE PROGRAM REQUESTED: _____ REQUESTED BY: _____

DATE(S) OF PRESENTATION: _____

PRESENTATION TITLE and/or TOPIC: _____

LOCATION: _____ TIME: _____

CONTEXT PRESENTATION: _____ LENGTH OF PRESENTATION: _____

CONTACT PERSON: _____ PHONE: _____

TARGET AUDIENCE: MALE FEMALE MIXED

CHILDREN TEENS ADULTS SENIORS
ages: _____ ages: _____ ages: _____ ages: _____

WHITE BLACK HISPANIC OTHER: _____

AUDIENCE ROLE: STUDENTS TEACHERS PARENTS WORKERS

BUSINESS PROFESSIONALS SERVICES PROVIDERS OTHER: _____

ANTICIPATED NUMBER OF PARTICIPANTS: _____

SPECIFIC OBJECTIVES DESIRED: _____

SPECIAL NOTES/COMMENTS: _____