

S.A.V.E. Survivors & Victims of Tobacco Empowerment Presentation Form

S.A.V.E. presentations are funded by the North Carolina Health and Wellness Trust Fund. To facilitate our efforts and provide quality programs we ask that any organization requesting a S.A.V.E. survivor for their event, provide us with feedback through our evaluation form. Thank you for helping us.

Contact Name For Event: _____

Name of Organization: _____

Phone: _____ Fax: _____

E-Mail: _____ County of Event: _____

Requested Dates For a Survivor: _____

Is This a Tentative or a Firm Date? _____

Description of Event (Please let us know what type of event this will be--such as a Health Fair, a school presentation, a Youth Rally, etc..) _____

Projected Setting for the Event: _____ Classroom _____ Gym _____ Auditorium _____ Outside Setting

Physical address for event: _____

Estimated number of youth/college students that will be in attendance: _____

Estimated number of adults/ faculty that will be in attendance: _____

Estimated number of presentations the survivor will be giving: _____

Are you requesting a specific Survivor to participate in your event? If so, whom? _____

Are there any other organizations contributing funds for this event? _____

If you are unable to be present during the event, will you provide the contact information for the attending adults/faculty who will be providing follow-up evaluation information: _____

****It is the desire of SAVE to coordinate all Survivor presentations through the office, in order to budget and plan efficiently****

SAVE (Survivors and Victims (of Tobacco) Empowerment
14701 US HWY 52 N, SUITE A
WADESBORO, NC 28170

704-826-8186* Toll Free 888-8-VOICES(888-886-4237)

E-Mail: info@tobaccosurvivors.org *Web: <http://www.tobaccosurvivors.org>