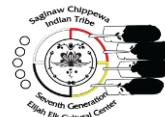


Elijah Elk Cultural Center 7th Generation Program

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Mt. Pleasant, MI 48858

Phone: 989-775-4780 / E-mail: leruffino@sagchip.org



PRESENTATION REQUEST FORM

R Name _____
E Address _____
Q City/State/Zip _____
U Phone _____
E Fax _____
S E-mail _____
T

P Name of Lead Presenter _____
R Back-up Presenter _____
E _____
S _____
E _____
N _____
T

Number of Participants:

Location of Presentation: _____

Address _____

City/State/Zip _____

Material Cost: \$ _____

Meal Cost: \$ _____

Total Cost: \$ _____

Date of Presentation: _____

Time of Presentation: _____ TO _____

Please attach invoice

Presentation Topic: _____

Presentation materials needed: _____

Special Considerations: _____

Menu: _____

The above information is submitted for the sole purpose of the Cultural Presentation these signatures hereby certify the information to be true.

REQUESTER SIGNATURE _____
 TITLE _____
 DATE _____

STAFF PRESENTER SIGNATURE _____
 TITLE _____
 DATE _____

DIRECTOR SIGNATURE/ADMIN SIGNATURE _____