



**BiasHELP, Inc.**

60 Adams Avenue, Suite 102, Hauppauge, NY 11788  
(631) 479-6015 Fax: (631) 656-7241

**REQUEST FOR PRESENTATION**

Today's Date: \_\_\_\_\_

Name of Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Authorized Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**A single presentation or series of programs can be scheduled for an organization/school. The time length of presentations 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. A confirmation phone call will be made once request has been received.**

Indicate specific focus, topic or requirement(s) for this program: \_\_\_\_\_

Size and description of audience: \_\_\_\_\_

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

Indicate both date & time of program: **1st Choice:** Date:\_\_\_\_\_ Time In:\_\_\_\_\_ Time Out:\_\_\_\_\_

**2nd Choice:** Date:\_\_\_\_\_ Time In:\_\_\_\_\_ Time Out: \_\_\_\_\_

Check preferred format for this presentation: \_\_\_\_\_Workshop \_\_\_\_\_ Training \_\_\_\_\_Technical Assistance

**\*Please attach itinerary**

**BiasHELP AGENCY USE ONLY**

Approved By: \_\_\_\_\_

Date / Time of Presentation: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_:\_\_\_\_ to\_\_\_\_:\_\_\_\_ Travel Time

Person(s) assigned to program: \_\_\_\_\_ :\_\_\_\_ to\_\_\_\_:\_\_\_\_

\_\_\_\_:\_\_\_\_ to\_\_\_\_:\_\_\_\_

Confirmation call and date: \_\_\_\_\_



## **BiasHELP EDUCATIONAL PROGRAM/LITERATURE CONSENT FORM**

Acting on behalf of my organization, I have requested an education program and/or written materials from BiasHELP, Inc. & I consent to the inclusion of the following exercises in this presentation. Any of the programs below can be done in Spanish. For a description of these exercises, please call Loida Santos at: (631) 479-6015

- |   |                                     |
|---|-------------------------------------|
| _____ Hate Crimes 101                       | _____ Gangs 101                     |
| _____ The Continuum of Prejudicial Behavior | _____ Youth Violence                |
| _____ Stereotypes                           | _____ Relational Aggression         |
| _____ Cultural Diversity                    | _____ Sexual Harassment/Gender Bias |
| _____ Bullying 101/Cyberbullying            |                                     |

**Honorarium: BiasHELP relies in part on honorariums and donations to underwrite our educational programs and services. All gifts are appreciated. Please select an amount below:**

\_\_\_\_\_ \$500 \_\_\_\_\_ \$1000 \_\_\_\_\_ \$1500 \_\_\_\_\_ Other (\$ \_\_\_\_\_)

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

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Upon completion of this request form...

- I agree to the distribution of BiasHELP, Inc. literature.
- I understand that I may not videotape or audiotape any speaker without prior written permission from BiasHELP.
- I agree to explain and enforce (to the best of my ability or with the help of others) BiasHELP's expectation of the faculty/staff present to:
  - Provide organizational or disciplinary assistance if necessary.
  - Model respectful demeanor, refraining from espousing personal opinions during the workshop that might be rude, pejorative or otherwise inflammatory.
- I understand that staff/faculty may be given the choice to fully participate in conversation, debate, or other activities to the extent which it will benefit them and/or the workshop. If this is not the case, however, they will be asked to excuse themselves or to unobtrusively observe.

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Name & Signature of Authorized Organization/Agency Representative

Date

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Organization/Agency Name

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Position/Title