



# North Bay Schools Insurance Authority

## EAP PRESENTATION REQUEST FORM

*Minimum 4 week's notice is required for all requests*

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

Title of presentation requested: \_\_\_\_\_

*Must be from Optum Training catalog*

Length of presentation requested: \_\_\_\_\_

Date of presentation: \_\_\_\_\_ Time: \_\_\_\_\_ Thru: \_\_\_\_\_ Audience Size: \_\_\_\_\_

Location of presentation: \_\_\_\_\_

Who is the audience?: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

District/Organization: \_\_\_\_\_ Dept: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person  
(Day of presentation): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Authorization Signature (required): \_\_\_\_\_

Denise Schreiner  
Member Services Manager  
NBSIA

MHN Training Coordinator: \_\_\_\_\_

Assigned Trainer: \_\_\_\_\_

**A CANCELLATION FEE WILL BE ASSESSED IF THIS WORKSHOP IS CANCELLED LESS THAN 7 BUSINESS DAYS PRIOR TO THE SCHEDULED TRAINING DATE.**