



Training / Speaking Request Form

Contact Name: _____ Title: _____

Name of Organization: _____

Organization Contact Information

Phone: _____

Email: _____ Other phone: _____

Summer Contact Information

Phone: _____

Email: _____ Other phone: _____

Address of Presentation: _____

County: Lake County _____ Cook County _____

Please provide two date ranges that would be available for your organization. Zcenter will try to honor all requests, however we cannot promise your dates will be available.

1st Choice _____ 2nd Choice _____

Start time: _____ End time: _____

Type of audience (age, students, teachers, parents):



Send completed form to:
PreK-5th Grade Kyle Malcolm: kmalcolm@zcenter.org
6th Grade-College + community fairs/presentations Natalie Juarez: njuarez@zcenter.org



Training / Speaking Request Form

Spanish Speaking Classes/Students: _____

If ZCenter cannot provide a Spanish Speaking Presenter can you provide a Translator:

Special Needs/Self Contained Classes (Emotional, Behavioral, Learning Disabilities, Developmental):

Number of presentations (Pre-K, K, 2nd, 4th, 6th, 8th, Sophomores, Seniors):

How many days needed for presentations (Max of 5/6 per day): _____

Number of participants: _____

Presentation Topic: _____

(Office Use)



Date Contacted _____ Staff initials _____

Special instructions (parking, where to enter/who to ask for, ID needed) _____

Equipment or handouts needed: _____

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