



BiasHELP , Inc
60 Adams Avenue, Hauppauge, NY 11788
(631) 479-6015 Fax: (631) 656-7073
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.

Is this request being made in response to a specific issue? Yes No If yes , please explain

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

Size, description, and age of audience: _____

**Address where program will be held:
(if different from above)** _____

Indicate both date & time of program: **1st Choice:** Date: _____ Start Time: _____ End Time: _____
2nd Choice: Date: _____ Start Time: _____ End Time: _____

Check preferred format for this presentation: _____Workshop _____ Training _____ Technical Assistance

***Please attach schedule**

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 VIOLENCE PREVENTION PROGRAM CONSENT FORM

Acting on behalf of my organization, I have requested an education program and/or written materials from BiasHELP. I would like the staff of BiasHELP to focus on the following topics during the Violence Prevention presentation and/ or training. For a description of these topics, please call BiasHELP at (631) 479-6015.

Violence Prevention Curriculum Topics

All presentations are available in English and Spanish

- | | |
|--|--|
| <input type="checkbox"/> The Continuum of Prejudicial Behavior | <input type="checkbox"/> Dignity for All Students Act / Cyberbullying Law (DASA) |
| <input type="checkbox"/> NYS Hate Crimes Law | <input type="checkbox"/> Youth Violence/ Gangs |
| <input type="checkbox"/> Stereotypes/ Cultural Diversity | <input type="checkbox"/> Sexual Harassment/Gender Bias |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Bullying /Techno Bullying & NYS Law |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Suicide Prevention |

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:

Workshops: ___\$200/ 45 Minutes ___\$350/1/2 day ___\$600/Full day

Staff development ___\$600& up / ___\$125/per hour/ Consultation

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.

On July 1, 2012 the Dignity for All Students Act (DASA) was enacted and on July 1, 2013 new cyberbullying measures that expand DASA was signed into law.

BiasHELP is now certified to provide trainings in the nationally recognized and evidence-based Olweus Bullying Prevention Program it has been the most researched and best known bullying prevention program available today. The Olweus program is a whole-school program that has been proven to prevent or reduce bullying throughout a school setting.

If you are interested in the Olweus Bullying Prevention Program, please contact BiasHELP for more information.

Upon completion of this request form

- I understand that I may not videotape or audiotape any speaker without prior written permission from BiasHELP.
- I agree to be respectful during trainings and or workshop sessions.

Name & Signature of Authorized Organization/Agency Representative

Date

Organization/Agency Name

Position/Title