



The SUNS Center
Inservice Presentation Form

TITLE: _____

OFFERED BY: _____

AUDIENCE: _____

LENGTH OF INSERVICE: _____

MAXIMUM # OF PARTICIPANTS: _____

COST OR FEE: _____

BRIEF DESCRIPTION OF INSERVICE: _____

KEY CONCEPTS ADDRESSED (MAIN OBJECTIVES): _____

LOGISTICAL REQUIREMENTS: _____

A/V NEEDS: _____

COST OF INSERVICE: _____

Return to The SUNS Center, 3108 Canal Street, NOLA 70119, or email to kkilgore@slc-gno.org, or fax to 504-822-8231.

