

Employee Wellness Program
Office of Health Services
BALTIMORE COUNTY PUBLIC SCHOOLS

PRESENTATION REQUEST FORM

Please note – At least 60 days advanced notice is needed.

Today's date: _____

Requestor: _____

Title: _____

School/Office: _____

Phone: _____

Email: _____

Address: _____

Type of presentation requested: _____

Date of presentation: _____

2nd date preference: _____

Start time: _____

End time: _____

Number of participants: _____

Special Notes: _____

Email completed form to
Kaiser Permanente, Wendy Lahiff, Wendy.C.Lahiff@kp.org