

New York State Congress of Parents and Teachers, Inc.



Parent Involvement Presentation Request

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Name of collaborating organization\*: \_\_\_\_\_

Unit Code number, if PTA or PTSA: \_\_\_\_\_ - \_\_\_\_\_

**Please answer the following questions in full:**

1) I am interested in:

- Building Successful Partnerships (BSP)                       How to Help Your Child Succeed  
 National Certification Process

2) Date of requested presentation:

*(please allow six weeks from the initial request, to allow time to schedule with our volunteer presenters)*

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

3) Estimate of the number of attendees: \_\_\_\_\_ *(we ask that there be a minimum of 25)*

4) Would an overhead projector be available?

Yes  No

**Please mail to:**

NYS PTA Parent Involvement Presentations  
One Wembley Court  
Albany, NY 12205-3830  
(877) 5NYSPTA, (518) 452-8808, F:(518) 452-8105  
www.nyspta.org ♦ E-mail: office@nyspta.org

\* local units need to partner with another entity to request a BSP training; the collaborating organization can be another local unit, school board, teachers' association, rotary, etc.