

**Summit County Trauma Informed Care Coalition (SCTICC) Speaker's Bureau
Request Form**

Organization making request:	
Contact Name:	
Contact Phone:	
Contact E-mail:	
Specific Topic: (ie. Compassion Fatigue, Adverse Childhood Events, Screening for Trauma etc.)	
Please describe targeted audience and approximate number of attendees:	
Dates requested for presentation:	
Length of time for Presentation:	
Location:	
Do you have ability to show a power point (computer, projector etc.)	
Other notes:	

Please submit to Beth Kuckuck, Summit County Alcohol, Drug Addiction and Mental Health Services Board via:

E-mail- Kuckuckb@admboard.org

Fax- 330-252-3024

Phone- 330-564-4089

