



Schools Insurance Authority

CREATE AN INSERVICE INFORMATION

This form is available in electronic format at www.sia-jpa.org or you may fax it to (916) 362-0904.

Today's Date:

Title of Presentation Requested:

Date of presentation: Time: Thru: Audience Size:

Location of presentation:

Who is the audience?:

Contact Name: Title:

District/Organization: Dept:

Address:

Phone: Fax: Email:

Specific Objectives for the presentation:

What is the BEST thing that has happened at your site in the last year?

What are three main things that should be known about your group before addressing them?

What takes place immediately before, during and after this presentation?

Before:

During:

After:

Contact person (day of presentation):

Phone: Alternative Phone: