



Greater Omaha Chapter

Request for Child Passenger Safety Check Up Event/Workshop/Presentation

FAX TO 402-896-6331 ATTN: Tim Tichy

Requests must be received a minimum of 3 months (90 days) prior to desired event date before considered.

Type of event: Check Up Event (\$2,000 contribution)* 4 Hour Workshop (free) Presentation (free)

If requesting a presentation what is the audience size? 25-50 50 to 100 100+

Can you provide the computer for a presentation? Yes No Not requesting a presentation.

Can you provide the projector for a presentation? Yes No Not requesting a presentation.

Can you provide the screen for a presentation? Yes No Not requesting a presentation.

Can you provide a TV with DVD player? Yes No Not requesting a presentation.

What is the requested date? _____ What is the requested time? _____

What is the desired event location?

Agency/Business _____

Address _____ City _____ State _____ Zip _____

Agency/Business contact _____

Phone _____ Fax _____

Email _____ Cell/Pager _____

Event contact if different than agency/business contact _____

Address _____ City _____ State _____ Zip _____

Agency/Business contact _____

Phone _____ Fax _____

Email _____ Cell/Pager _____

***Check-Up Event contributions of \$2,000 are necessary to cover the cost of advertising which reaches 80,000 people, the cost of replacement seats, food and incentives for senior checkers, technicians and other volunteers. Your contribution will also help to offset the cost of coordination of the event in a safe and effective manner. Your contribution is tax deductible because we are a private, non-profit 501 (c) (3) organization.**

Invoice Me Purchase Order Number _____

Payment Enclosed Make Check Payable to "NSC-GOC" Check # _____

Visa MasterCard AmEx Discover

Credit Card #

Expiration Date

Name on Card (please print) _____

Thank you for taking the time to complete this form. When completed, fax it to 896-6331 Attn: Tim Tichy
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