

## Public Education Request Form

Thank you for your interest in receiving University of Florida Center for Autism & Related Disabilities' (CARD) services. In order to ensure that we accommodate your request, please submit requests in a timely manner. All requests will be reviewed by administration and assigned to the appropriate professional. CARD services are free of charge. CARD serves individuals with Autism Spectrum Disorder, Autistic-like Disorder, Dual Sensory Impairments or Sensory Impairments (vision and/or hearing) with other disabling conditions.

Name of agency/school:	
Contact person's name & role:	
County:	
email:	Phone #:
Event Title:	
Date of event:	Time of event:
Audience:	Anticipated # of participants:
Location:	
Will agency/school provide table & chairs? Yes / No	This event will be held: Indoors / Outdoors
Notes:	

**\*\*\*THIS SECTION FOR CARD OFFICE USE ONLY\*\*\***

Total # of participants: \_\_\_\_\_




Approximate # of each:

_____ Adults with Disabilities	_____ Business/Advocates/Community
_____ Child (birth – PreK)	_____ Child (K – 12)
_____ Discretionary Project Personnel	_____ District Personnel
_____ Faculty/Staff (College/University)	_____ Instructional Personnel
_____ Non-Instructional Personnel	_____ Parent/Guardian/Family Member
_____ School Administrator	_____ State/Agency Personnel
_____ Student (College/University)	_____ Teacher

**\*\*\*PLEASE ATTACH EVENT FLIER IF AVAILABLE\*\*\***

**For CARD Office Use Only**

Date received:
Date assigned:
Staff assigned:
Added to Calendar:
Added to PTS:
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