

SPEAKER
REQUEST
FORM



nami

National Alliance on Mental Illness

**North
Carolina**

YOUR CONTACT INFORMATION

Name	
Title	
Organization	
Street Address	
City, State, ZIP Code	
Work Phone	
E-Mail Address	

PRESENTATION OPTIONS

NAMI NC is dedicated to helping people and groups in North Carolina to improve their understanding of mental health. We offer the following presentations to you at no cost to you.

In Our Own Voice	A 60-90- minute presentation in which two trained speakers share their compelling personal stories of living with mental health challenges and achieving recovery. This program aims to change attitudes, preconceived notions, and stereotypes regarding mental illness.
Ending the Silence	A 50- minute mental health presentation for middle and high school aged youth available to schools, youth clubs, and youth groups. It is presented by a trained group consisting of: <ul style="list-style-type: none">• A young adult living with a mental health challenge, age 18-35• An adult in recovery with mental illness or family member of an individual living with mental illness

Smarts for Advocacy	<p>This program is for groups who are already aware of NAMI and the recovery movement. NAMI Smarts for Advocacy is a hands-on training that teaches anyone - people living with mental illness, friends, family, and other supporters – how to transform their passion and lived experience into skillful grassroots advocacy.</p> <p>NAMI Smarts can be taught as a series of 1-2 hour modules or as a single full-day training. It consists of five modules, with an additional training module to be used for a state Advocacy Day.</p> <p>*NAMI Smarts is available on a limited basis in some areas of the state. Please contact us at programs@naminc.org, and be sure to reach out at least one month in advance of your requested training date.</p>
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INTERESTS

WHICH OF THE FOLLOWING TYPES OF SUPPORT ARE YOU ABLE TO OFFER THE SPEAKER AND AUDIENCE? THESE QUESTIONS ARE HELPFUL IN LETTING US KNOW WHAT TO EXPECT AT THE TRAINING SITE.

- Lap top
- Screen
- Projector
- Remote control for projector or “clicker”
- Copies of handouts
- Water/coffee/tea
- Table for supplies and handouts
- Other: _____

WHAT TIMEFRAME AND/OR DATES ARE YOU REQUESTING? PLEASE BE SPECIFIC.

WHAT IS THE ADDRESS AND PHONE NUMBER OF THE TRAINING SITE?

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ON THE DAY OF THE TRAINING

Point person on site	
Point person's title	
Cell or other number for last minute communication	
Audience size	
Do most people in the group have any previous training or experience with mental health?	
How would you describe the audience in terms of demographics (age, ethnicity, gender)	

AGREEMENT AND SIGNATURE

THANK YOU FOR THINKING OF NAMI NC. WE WILL REPLY TO THIS REQUEST WITHIN 10 WORKING DAYS.

Name (printed)	
Signature	
Date	

