University of Rochester Medical Center
Strong Memorial Hospital
Nursing Practice
Nurse Recruitment & Marketing
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Rochester, NY 14642

Phone: (585) 275 - 3478
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E-Mail: smhnursingrecruitment@urmc.rochester.edu

School Presentation Request Sheet

Check Appropriate Box

☐ Middle School ☐ Nursing School

☐ High School ☐ Other: [Specify _____]

School Name: _____

Age Group:_____ **Topic(s) of Interest:**_____

_____

Duration of Presentation:_____Hours _____Minutes

Contact At School:_____

Phone:_____ **E-Mail Address:** _____

POTENTIAL Dates – Days – Times (list all possible)

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1. _____/_____/____ _____ ____:_____ **am**
   Month Day Year Day Start Time **pm**
2. _____/_____/____ _____ ____:_____ **am**
   Month Day Year Day Start Time **pm**
3. _____/_____/____ _____ ____:_____ **am**
   Month Day Year Day Start Time **pm**
4. _____/_____/____ _____ ____:_____ **am**
   Month Day Year Day Start Time **pm**
5. _____/_____/____ _____ _____:____ **am**
   Month Day Year Day Start Time **pm**

ACTUAL **Date & Time:** _____/_____/____ _____ ____:_____ **am**
Month Day Year Day Start Time **pm**

Comments: _____

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