



Presentation Request Form

Requesting Organization Name _____

Contact Person: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Presentation:

- no presentations on weekends or state & federal holidays

Subject: _____

Date(s): _____

Start Time: _____ End Time: _____

Projected Amount of Attendees: _____

Presentation Type: Virtual _____ In Person _____

Approximate Age Range of Attendees: _____

If in person:

Location of Presentation: _____

Audio-visual Equipment Provided: _____

Special Needs: _____

Additional Comments:

Contact Information:

Bobbi Rahder, Museum Director
Stewart Indian School Cultural Center & Museum 1
Jacobsen Way
Carson City, NV 89701
Telephone: (775) 687-7606
E-mail: brahder@nic.nv.gov