



Company / Organization Request Form

Company / Organization:

Requester Name: _____

Email Address: _____

Phone Number: _____

Date Requested: _____ **Event Time:** _____

Please place a check mark next to workshop(s) of choice:

- NICU Life “ Untold Struggles”** - Presentation or support group
- How to support a family with a baby in the NICU** – Presentation or support group
- Fostering a NICU baby** – Presentation or support group
- Life After The NICU** – (for NICU families “Adjusting to your New Normal”) – Presentation or Support group.
- Life After The NICU** – (For agencies – “The Struggle Continues”) – Presentation
- Learn about the Mighty Little Giants, Inc. Story and how we made it through** – Guest speaker
- Mighty Little Giants Representative as a** - Guest Speaker
- Mighty Little Giants Representative** – Panel Member

Other: _____

Other: _____

*Thank you for your interest in Mighty Little Giants, Inc.
Please email the completed request form to info@mightylittlegiants.org .
Feel free to contact us via email if you have any questions.*