



REGION 3 BEHAVIORAL HEALTH BOARD
PRESENTATION REQUEST

Date: _____ Contact Name: _____

Organization: _____

Presentation Topic: _____

Presenter Name: _____

Time needed for Presentation: _____

Dates available for presenting: _____

Please submit form to:

BHB@phd3.idaho.gov

Thank your interest in applying for a presentation request at the Regional 3 Behavioral Health Board. While we appreciate community information, we are a legislative appointed working board. We ask that you limit your presentation time accordingly.