



NV Statewide Maternal and
Child Health (MCH) Coalition

Perinatal Mood and Anxiety Disorders Request Form

Organization/Business:		
Address:		
City:	State:	Zip:
Contact:	Title:	
Phone:	Fax:	
Email:		
PMAD Training Requirements: *There must be a minimum of 10 participants *AV capability for PowerPoint		
Proposed Dates (2 Options):		Proposed Times (2 Options):
Will the following be provided? <input type="checkbox"/> Room <input type="checkbox"/> Electrical Outlet <input type="checkbox"/> Table & Chairs	Please fill in all that applies: <input type="checkbox"/> In-person training for Staff (1.5 Hours) <input type="checkbox"/> Presentation of PMAD Program (30 minutes) <input type="checkbox"/> How many attendees? <input type="checkbox"/> Audience description:	
How did you hear about the PMAD Program:		
Signature:		Date:

Please return completed form to:

Kameron Klein, Program Coordinator

7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113

Phone: 702.492.8552 * Fax: 702.616.4921 * Email: Kameron.Klein@dignityhealth.org