

PROGRAM REQUEST

CONTACT INFORMATION

Requesting Group _____ Date of Request _____
Contact Person _____
Phone _____
Email _____

PRESENTATION REQUEST

Type of Program: Interactive Tour Presentation Other _____

Subject of Program _____

Date of Program _____ Time of Program _____

Alternate Date _____ Length of Program _____

Program Location _____ Estimated Number of Attending _____

Please note: Requestor must guarantee at least 10 attendees for program to be considered.

Notes: _____

FOR CAREER CENTER USE

Able to do Program? Yes No

Request Taken By _____

Presenter _____

Presenter's Phone _____

Presenter's Email _____

Confirmed With _____ Date Confirmed _____