



Educational Opportunity Program

Information Table Request Form

Contact Person Name: _____ Employment Position: _____

School/ Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Cell Number _____ E-mail: _____

Proposed Event Date(s): _____

Name of Event: _____

Location of Event: _____

Event Time Frame: From _____ to _____ Number of Attendees Expected: _____

Target Group? Check all that apply.

Students (Grade Level: 10th 11th 12th)

Parents Staff Other _____

Check all that Apply. _____ will be present.

Foster Youth Special Needs

Migrant Education _____ Bilingual

Other _____ _____ Disability

Is parking Available?

Yes No

*Please Note: Schools and/or organizations that are interested in having an EOP representative host an EOP Information Table must submit an EOP Information Table Request Form **3 weeks in advance**. Requests must be e-mailed to Delmy Montenegro-Spencer at dmontenegro@csus.edu or faxed to (916)278-5491.*

EOP Office Use

Approved by _____ on _____.
Staff Name Date

Denied by _____ on _____. Reason for Denial _____.
Staff Name Date

EOP Staff Assigned _____.